

Department of Community Health  
Rates Effective: April 1, 2021

Provider Number	Provider Name	Rate Effective 04/01/2021 Loc (S)	Rate Effective 04/01/2021 LOC (M)	Leave/BH Rate Effective 04/01/2021 LOC (L)
00493292A	A.G. Rhodes Home - Cobb, Inc.	251.06		175.47
00040818A	A.G. Rhodes Home at Wesley Woods, Inc.	259.93		182.12
00140005A	A.G. Rhodes Home, Inc.	256.52		179.57
00083025A	Abercorn Rehabilitation Center	196.84		134.81
003185378A	Advanced Health and Rehab of Twiggs County	245.37		171.21
00140027A	Altamaha Healthcare Ctr.	153.85		102.56
00140049A	Amara Healthcare & Rehab.	181.58		123.36
00140379A	Anderson Mill Health & Rehab	196.46		134.52
003136416A	Ansley Park Health & Rehab Center	243.46		169.77
00140093A	Appling Nursing and Rehab Pavillion	239.74		166.98
003185502A	Archway Transitional Care Center	233.16		162.05
00143162A	Arrowhead Healthcare	198.29		135.89
00140159A	Autumn Breeze Health Care Ctr	198.04		135.71
00082992A	Autumn Lane	224.50		155.55
00142084A	Avalon Hlth. & Rehab	219.54		151.83
00059441A	Azalea Health & Rehab	190.51		130.06
00141963A	Azalea Health & Rehabilitation	184.90		125.85
00141237A	Azalealand Nursing Home	251.05		175.46
00258915A	Bainbridge Health Care	173.34		117.18
00140203A	Baptist Village, Inc.	217.69		163.27
00624951A	Bayview Nursing Home	218.27		150.88
00143382A	Berrien Nursing Center	197.85		135.56
00142722A	Blue Ridge Healthcare of Buchanan	202.11		138.76
00059485A	Bolingreen Health & Rehab	210.77		145.25
00140357A	Bonterra Nursing Center	178.38		120.96
003192286A	Bostick Nursing Center	211.45		145.76
00140071A	Brentwood Health & Rehab	163.33		109.67
00140643A	Brian Center of Canton	196.44		134.51
00706813A	Briarwood Health & Rehab Center	211.56		145.85
00140412A	Brightmoor Health Care, Inc.	246.43		172.00
00059562A	Brown Health and Rehab	227.95		158.14
00140434A	Brown's Healthcare	155.52		103.82
00715569A	Bryan County Health & Rehab Ctr	211.56		145.85
00142601A	Bryant Health & Rehab. Ctr, Inc	179.58		121.86
003167547A	Budd Terrace at Wesley Woods	196.22		134.34
00140577A	Calhoun Health Care Center	168.47		113.53
00140478A	Calhoun Nursing Home	218.68		151.19
00494139A	Cambridge Post Acute Care Center	187.41		127.73
00366341A	Camellia Gardens of Life Care	155.85		104.06
00140588A	Camellia Hlth & Rehab	201.82		138.54
00870911A	Candler Hospital Sub-Acute Unit	309.10		219.00
00140511A	Canton Nursing Center, Inc.	192.15		131.29
00140852A	Carrollton Manor, Inc.	183.42		124.74
00059661A	Carrollton Nursing and Rehab Center	216.51		149.56
00143085A	Cartersville Heights Care and Rehab	161.79		108.52
00140544A	Cedar Springs Health and Rehab Center	181.60		123.38
00142557A	Cedar Valley Nursing and Rehab Center	203.23		139.60
00059694A	Chaplinwood Health & Rehab	186.90		127.35
00209778A	Chatsworth Health Care Center	218.09		150.74
00143338A	Chatuge Regional Nursing Home	242.83		169.30

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003165720A	Chelsey Park H&R	245.85		171.56
00413509A	Cherry Blossom Health Care	214.30		147.90
00228049A	Chestnut Ridge Nursing & Rehabilitation Center	204.34		140.43
00158034A	Christian City Convalescent Center, Inc.	204.13		153.10
00143437A	Chulio Hills Health and Rehab Center	224.23		155.35
00140467A	Church Home Rehab & Healthcare	212.44		146.51
00142106A	Clinch Health Care	147.00		97.43
00856028A	Coastal Manor	246.10		171.75
00142711A	Cobblestone Rehab and Healthcare Center	201.97		138.65
00140654A	College Park Health Care Center	183.06		124.47
00220448A	Comer Health and Rehab	204.64		140.66
00141138A	Comfort Creek NRC of Wadley	165.86		111.57
00059826A	Cook Senior Living Center/Southwell	250.58		175.11
00059892A	Cordele Health & Rehab	239.27		166.63
00141666A	Countryside Health Center	172.03		116.20
00141523A	Covenant Dove- Macon	238.23		165.85
00273567A	Crestview Nursing Facility	201.34		151.01
00274128A	Crisp Regional Nursing and Rehab Ctr	232.28		161.39
00142502A	Cross View Care Center	162.80		109.28
00140302A	Cumming Nursing Center	225.23		156.10
000815493B	D. Scott Hudgens Center for Skilled Nursing	236.28		164.39
00142865A	Dade Health and Rehab Center	210.55		145.09
00140808A	Dawson Health & Rehab	185.80		126.53
00059452A	Decatur Health and Rehab Ctr	202.52		139.07
00395161A	Delmar Gardens of Gwinnett, Inc.	227.02		157.44
00296271A	Delmar Gardens of Smyrna	196.89		134.84
00141083A	Douglasville Nursing and Rehab Ctr.	191.91		131.11
00059947A	Dublinair Health & Rehab Center	182.40		123.98
00815295A	Dunwoody Health and Rehab Ctr	256.20		179.33
00143151A	Eagle Health	233.35		162.19
00140874A	Early Memorial Nursing Home	206.82		142.29
00140137A	East Lake Arbor	230.78		160.26
00141974A	Eastman Healthcare	173.15		117.04
00140885A	Eastview Nursing Home	178.47		121.03
00223473A	Eatonton Health & Rehabilitation Center	179.30		121.65
00140907A	Effingham Extended Care Facility	227.59		157.87
00140929A	Emanuel Medical Center Nursing Home	232.68		161.69
00142766A	Etowah Landing Care and Rehab	177.00		119.93
835154999A	Evergreen Health and Rehab	190.89		130.34
00173071A	Fairburn Health Care Center	196.91		134.86
00140984A	Fifth Avenue Health Care	200.87		137.83
00207083A	Florence Hand Home	223.87		155.08
00141006A	Folkston Park Care and Rehab	159.13		106.52
00140599A	Fort Gaines Healthcare, LLC	193.70		132.45
00141028A	Fort Valley Nursing Ctr.	162.71		109.21
00405292A	Four County Health Care Center	177.19		120.07
00143074A	Fox Glove Court Care and Rehab	195.03		133.45
00141567A	Friendship Health and Rehab Center	204.48		140.54
00140786A	Gateway Health and Rehab Center	204.30		140.40
00141116A	Gibson Health & Rehabilitation Center	192.94		131.88

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Provider Number	Provider Name	Rate Effective 04/01/2021 Loc (S)	Rate Effective 04/01/2021 LOC (M)	Leave/BH Rate Effective 04/01/2021 LOC (L)
003214231A	Glen Eagle Healthcare & Rehab	224.77		155.76
00141149A	Glenn-Mor Nursing Home	197.08		134.99
00141171A	Glenvue Nursing Home	244.80		170.78
00220514A	Glenwood Health and Rehab Center	170.60		115.13
701562744A	Glenwood Healthcare	167.60		112.88
00142975A	Gold City Health and Rehabilitation Ctr	156.21		104.33
00202848A	Gordon Health Care Center	195.33		133.67
00083267A	Grace Health Care of Tucker	185.61		126.38
00141182A	Gracemore Nursing Center	209.03		143.95
00141226A	Grandview Health Care Center	230.28		159.89
00083014A	Green Acres Health & Rehab	189.70		129.45
00142634A	Greene Point Healthcare	202.45		139.01
00781382A	Gwinnett Extended Care Center	242.02		168.69
00141292A	Habersham Home	199.98		137.16
00141325A	Haralson Nursing and Rehab Center	170.37		114.95
00142447A	Harborview Health Systems - Pierce	263.29		184.64
00142755A	Harborview Health Systems - Satilla	248.65		173.66
00140621A	Harborview Health Systems - Thomaston	188.95		128.89
00141611A	Harborview Health Systems of Jesup	164.19		110.32
003165726A	Harrington Park	251.75		175.99
00167857A	Hart Care Center	173.42		117.24
00141413A	Hartwell Health and Rehabilitation	212.25		146.36
00059705A	Hazlehurst Court Care and Rehab	154.94		103.38
00082981A	Heardmont Nursing Home	203.65		139.91
00141358A	Heart of Georgia	258.00		180.68
00141017A	Heritage Healthcare -Forsyth, LLC	182.37		123.95
00141215A	Heritage Healthcare -Grandview, LLC	198.38		135.96
00143613A	Heritage Inn of Barnesville	173.24		117.11
00142678A	Heritage Inn of Sandersville	198.22		135.84
00142161A	Heritage Inn of Statesboro	182.99		124.42
00212814A	High Shoals Health & Rehabilitation	215.54		148.83
00448456A	Hill Haven Nursing Home	191.66		130.92
00142689A	Jesup Health Care	182.63		124.15
00141633A	Joe-Ann Burgin Nursing Center	194.41		130.78
00531033A	Jonesboro Nurs. & Rehab Ctr.	180.99		122.92
00143426A	Kentwood	231.73		160.97
00141655A	Keysville Nursing Home and Rehab Ctr	170.68		115.19
00399737A	Lafayette Nursing & Rehab Center	209.91		144.61
00270245A	LaGrange Nurs. & Rehab. Ctr.	168.02		113.19
00141699A	Lake City Nursing & Rehab Ctr.	174.15		117.79
00403939A	Lake Crossing Health Care	175.05		118.46
00141732A	Lakeland Villa Convalescent Center	231.57		160.85
00712665A	Lee County Health Care	203.56		139.85
00141831A	Legacy Nursing Home	185.95		126.64
00415522A	Legacy Nursing Home	226.66		157.17
00370873A	Life Care Center of Gwinnett	217.58		150.36
00818914A	Life Care Center of Lawrenceville	202.43		139.00
00140665A	Life Care Center, Inc.	147.00		97.43
00142524A	Lillian G. Carter Nursing Center	185.52		126.32
00270256A	Lumber City Nurs. & Rehab. Ctr.	169.51		114.31

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00083036A	Lynn Haven Health & Rehab	235.15		163.54
00083278A	Madison Hlth & Rehab	200.59		137.62
00083047A	Magnolia Manor Columbus East	202.96		139.40
00083124A	Magnolia Manor Columbus West	196.79		134.77
00141809A	Magnolia Manor Marion County	208.40		143.48
00040785A	Magnolia Manor Methodist Nursing Care	195.17		146.38
00141402A	Magnolia Manor St. Simons	213.79		147.52
00159266A	Manor Care Rehab Ctr of Decatur	179.40		121.73
00236211A	Manor Care Rehab Ctr of Marietta	197.01		134.93
00534619A	Maple Ridge Health Care Center	227.27		157.63
00141853A	McRae Manor Nursing Home	184.03		125.20
00141864A	Meadowbrook Healthcare	214.33		147.92
003167911A	Meadows Park H&R	271.20		190.57
00141941A	Medical Management H & R	147.00		97.43
00141919A	Memorial Manor Nursing Home	204.92		140.87
00141996A	Miller NH	312.72		221.71
00141578A	Miona Geriatric & Dementia Ctr	180.21		122.33
00142018A	Mitchell Convalescent Center	212.26		146.37
00142062A	Montezuma Health & Rehab	212.75		146.74
00143184A	Mountain View Health and Rehab Center	157.17		105.05
00083223A	Muscogee Manor & Rehab Center	250.54		175.08
00141336A	Nancy Hart Nursing Center	165.33		111.17
00083146A	National Health Care of Rossville	188.85		128.81
00141072A	New Horizons Lanier Park	216.66		149.67
00142007A	New Horizons Limestone	198.72		136.22
00040719A	Newnan Hosp. Health & Rehab Ctr	221.25		153.11
00344759A	NHC of Fort Oglethorpe	183.97		125.15
00426214A	Northeast Atlanta H & R Ctr.	221.57		153.35
00059331A	Northridge Hlth & Rehab Ctr	204.93		140.87
00142183A	Nursecare of Buckhead	200.00		137.18
00142249A	Oak View Home - Waverly Hall	178.41		120.98
00142238A	Oakview Health & Rehab Center	205.13		141.02
003188970A	Oceanside Health & Rehab - Tybee	238.60		166.13
00142293A	Oconee Health & Rehab	208.01		143.18
00947658A	Oconee Regional SNF	259.18		181.56
00142656A	Orchard Health and Rehab	191.99		131.17
00142117A	Orchard View Rehab & Skilled NC	229.04		171.78
00143316A	Oxley Park Health & Rehab	179.64		121.91
00142326A	Palemon Gaskins Nursing Home	201.56		138.35
00002164A	Park Place Nursing Facility	179.41		121.73
00141127A	Parkside Ellijay	236.71		164.71
00169199A	Parkside Post Acute Care and Rehab	213.40		147.23
00142425A	Pelham Parkway Nursing Home	180.40		122.48
00142458A	Pine Knoll Nursing and Rehab Center	196.60		134.63
00083135A	Pinehill Nursing Center	198.91		136.36
00142513A	Pinewood Manor Nursing Home	147.00		97.43
00142205A	Pinewood Nursing Ctr	199.89		137.09
00142546A	Pleasant View Nursing Center	147.00		97.43
00222582A	Porter Field H & R Ctr, LLC	184.03		125.20
00530824A	Powder Springs Nurs. & Rehab. Ctr.	188.24		128.36



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00141281A	Premier Estate of Dublin	180.76		122.75
00142579A	Presbyterian Home, Quitman, Inc.	201.34		151.01
00362832A	Presbyterian Village, Inc.	234.13		175.60
00142623A	Providence Healthcare of Sparta	216.82		149.79
00142612A	Providence Healthcare of Thomaston	168.41		113.48
00265196A	Pruitt Covington	223.42		154.74
00143569A	Pruitt Health - Washington	189.51		129.31
00140104A	PruittHealth - Ashburn, LLC	199.19		136.57
00141391A	PruittHealth - Athens Heritage, LLC	232.90		161.85
00059463A	PruittHealth - Augusta	209.94		144.63
00059276A	PruittHealth - Austell	217.44		150.26
00140973A	PruittHealth - Blue Ridge, LLC	198.70		136.20
00140115A	PruittHealth - Brookhaven	254.98		178.41
00140764A	PruittHealth - Crestwood	202.31		138.91
00252942A	PruittHealth - Decatur	228.57		158.60
00142997A	PruittHealth - Fairburn, LLC	251.38		175.71
00214695A	PruittHealth - Fort Oglethorpe	185.91		126.61
00141039A	PruittHealth - Franklin, Inc	178.15		120.79
00143052A	PruittHealth - Griffin, LLC	204.18		140.31
00141721A	PruittHealth - Lakehaven	201.52		138.32
00140456A	PruittHealth - Lanier	194.75		133.24
00252007A	PruittHealth - Magnolia Manor	262.67		184.18
00140269A	PruittHealth - Millen	201.16		138.05
00141468A	PruittHealth - Monroe, LLC	215.46		148.77
00142095A	PruittHealth - Moultrie	199.16		136.55
00142304A	PruittHealth - Old Capitol	167.28		112.64
00142337A	PruittHealth - Palmyra	198.57		136.10
00143327A	PruittHealth - Peake, LLC	233.04		161.96
00238323A	PruittHealth - Savannah	264.41		185.48
00142964A	PruittHealth - Shepherd Hills, LLC	177.28		120.14
00143173A	PruittHealth - Sunrise, LLC	190.73		130.22
00143195A	PruittHealth - Swainsboro, LLC	207.46		142.77
00409494A	PruittHealth - Toombsboro, LLC	209.04		143.96
00141369A	PruittHealth - Valdosta	199.87		137.08
00140401A	PruittHealth - Virginia Park	239.41		166.73
00256088A	PruittHealth - West Atlanta	212.91		146.86
00245055A	PruittHealth Augusta Hills	217.74		150.48
00140687A	PruittHealth- Eastside	227.75		157.99
00140995A	PruittHealth- Fitzgerald	214.82		148.29
00141479A	PruittHealth -Holly Hill	208.73		143.72
00142436A	PruittHealth -Jasper	223.92		155.12
00254394A	PruittHealth -Lafayette, LLC	210.96		145.40
00145527A	PruittHealth -Lilburn, LLC	220.10		152.25
00141908A	PruittHealth -Macon, LLC	214.86		148.32
00202507A	PruittHealth- Marietta	253.12		177.02
00142315A	PruittHealth- Ocilla	234.23		162.85
299031876A	PruittHealth- Rome	221.71		153.46
00143096A	PruittHealth -Spring Valley, LLC	209.49		144.29
00143206A	PruittHealth- Sylvester	175.89		119.09
00143305A	PruittHealth -Toccoa, LLC	178.79		121.27

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00140038A	PruittHealth-Greenville	176.33		119.42
00370851A	Quiet Oaks Health Care Center	192.69		131.69
00150279A	Quinton Memorial Health Care	226.50		157.05
00837207A	Regency Park Health Care	228.55		158.59
00143283A	Rehabilitation Center of South Georgia	203.77		140.00
321026473A	Reliable Health and Rehab	226.17		156.80
00141754A	Renaissance Care and Rehab Center	171.94		116.13
00238741A	Resorts at Pooler	186.77		127.25
00141886A	Ridgecrest Rehab and Skilled Nursing Center	263.71		184.95
00142744A	Ridgewood Manor Nursing Home	213.81		147.53
00082684A	River Towne Center	170.44		115.01
00083289A	Riverdale Place Care and Rehab	164.24		110.36
00140346A	Riverside Health & Rheab of Thomaston	206.86		142.32
00140324A	Riverside Healthcare Center	186.67		127.18
00040741A	Riverview Health & Rehab	229.94		159.63
00142777A	Roberta Health Care	155.44		103.76
00838252A	Rockdale Healthcare	200.70		137.70
003182988A	Rockmart Health	213.60		147.37
00140753A	Rome Health and Rehab	192.58		131.61
00083311A	Rose City Health and Rehab Ctr	182.10		123.75
00831751A	Roselane Health and Rehab Center	218.41		150.98
00587331A	Rosemont at Stone Mountain	216.51		149.56
00142942A	Ross Memorial Health Care Center	196.20		134.33
00141248A	Roswell Nursing & Rehab Ctr	241.82		168.54
00141842A	Sadie G. Mays Health & Rehab Center	193.41		145.06
00142876A	Savannah Beach Nursing & Rehab Center	185.14		126.03
00141644A	Scott Health & Rehabilitation	185.45		126.26
00142898A	Sears Manor	202.59		139.12
00142909A	Seminole Manor Nursing Home	196.23		134.35
00143129A	Senior Care Ctr.- St. Marys	217.64		150.41
000830827B	Senior Care Ctr.-Brunswick	207.01		155.26
00142986A	Signature HC - Marietta	242.14		168.78
00040763A	Signature HC of Buckhead	246.46		172.02
00083157A	Signature Healthcare of Savannah	189.44		129.26
00143008A	Smith Medical Nursing Care Center	147.00		97.43
00143041A	Social Circle Nursing and Rehab Center	227.02		157.44
00140918A	Southern Pines Nursing Home	273.68		192.43
00143558A	Southland Healthcare & Rehab Ctr.	154.23		102.85
00409054A	Southland Nursing Home	222.78		154.26
00143063A	Sparta Health & Rehab	177.83		120.55
003143404A	Stevens Park	253.79		177.52
00142139A	Summerhill Elderliving Home	208.65		143.66
00040796A	Syl-View Health Care Center, Inc.	153.25		102.11
00143228A	Tattnall Nursing, LLC	147.00		97.43
00432924A	Taylor County Health Care	198.77		136.25
00059397A	The Bell-Minor Home, Inc.	183.97		125.15
00083102A	The Center for Advanced Rehab @ Parkside	262.32		183.92
00421429A	The Fountainview Ctr for Alzheimer's Disease	248.40		173.48
00142381A	The Lodge	277.69		195.44
00140258A	The Oaks - Bethany (Vidalia)	204.74		140.73

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00141743A	The Oaks at Limestone, LLC	268.06		188.22
00178307A	The Oaks at Scenic View	217.99		150.67
00142271A	The Oaks Nursing Home, Inc.	199.24		136.61
00140126A	The Oaks of Athens	246.31		171.91
00140181A	The Oaks of Carrollton	250.43		175.00
00141589A	The Place at Deans Bridge	188.77		128.75
00142535A	The Place at Martinez	208.19		143.32
00142733A	The Retreat Nursing Home	204.92		140.87
00277604A	Thomasville Nurs. & Rehab. Ctr.	178.02		120.69
00143261A	Thomson Health & Rehab	182.12		123.77
00727801A	Thunderbolt Transitional Care and Rehab	188.05		128.21
00143294A	Tifton Health and Rehab Center	186.57		127.10
00083003A	Tower Road Healthcare	227.80		158.03
00404995A	Townsend Park H & R	190.45		130.01
00143701A	Traditions Health & Rehab	198.73		149.05
00143349A	Treutlen County Health & Rehab	199.83		137.05
00142843A	Twin Fountains Home	185.68		126.44
00143393A	Twin Oaks Convalescent Center	222.02		153.69
00040807A	Twin View Health Care	147.00		97.43
00143415A	Union County Nursing Home	209.83		144.55
00140533A	University Nursing and Rehab Center	214.53		148.07
00908553A	UPAC - Laurel Park	243.90		170.10
00142931A	Vista Park	227.87		158.07
00141952A	Warm Springs Med. Ctr. NH	182.55		124.09
00141303A	Warner Robins Rehab & Nursing Center	169.87		114.58
00142645A	Warrenton Health and Rehabilitation Center	196.09		134.24
00143481A	Washington County ECF	204.36		140.45
00143459A	Waycross Health & Rehabilitation Center	176.57		119.60
00142359A	WellStar Paulding Nursing Center	187.98		140.99
00143503A	Westbury H & R - Conyers, Inc	216.73		149.72
00143525A	Westbury H & R-McDonough, Inc	214.23		147.85
00143514A	Westbury Medical Care Home, Inc.	195.73		133.97
00140082A	Westminister Commons	190.38		129.96
00143536A	Westview Nursing & Rehab Center	191.57		130.85
00219359A	Westwood (University Extended Care)	226.59		157.12
00370862A	Westwood Nursing Center	176.99		119.92
00143547A	Wildwood Health Care, Inc.	193.34		132.18
00040752A	William Breman Jewish Home	289.15		204.04
00271829A	Willowwood Nursing Center	158.12		105.77
00241678A	Windemere Health & Rehab	175.71		118.96
00142854A	Winder Nursing, Inc.	180.01		122.18
00143118A	Winthrop Manor Nursing Center	190.19		129.82
00143591A	Wood Dale Health Care Center	197.85		135.56
00141985A	Woodlands Health & Rehab Ctr.	164.08		110.24
00171212A	Woodstock Nursing and Rehab Center	238.55		166.09
00143602A	Wrightsville Manor	192.56		131.60
00141512A	Wynfield Park Health & Rehab	229.89		159.59
003125041B	Zebulon Park Health & Rehab	251.49		175.79

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

**FINAL**

<div> <div> Provider: <b>A.G. Rhodes Home - Cobb, Inc.</b>  Prvdr ID: <b>00493292A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: <b>N/A</b>  Qtrly BIMS score: <b>33.3%</b>  Nurse Hours per On-Site Day/Quality Incentive: <b>4.27</b> </div> <div> Facility Score: <b>N/A</b>  Add-on Percent: <b>13.37%</b>  2.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: <b>1.4016</b>  Quarterly Medicaid CMI: <b>1.6413</b>  Qtrly Mcaid CMI w RUG Wght Options: <b>1.6728</b> </div> <div> Facility Specific: <b>1.4016</b>  1.6413  1.6728 </div> <div> State-wide: <b>1.3617</b>  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$9,531,009	\$4,993,930	\$0	\$1,050,501	\$664,422	\$555,658	\$1,756,281	\$117,033	\$393,184	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$284,999)	(\$63,751)	\$0	(\$37,217)	\$9,739	\$2,194	(\$205,354)		(\$4,688)	\$14,078
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$9,246,010	\$4,930,179	\$0	\$1,013,284	\$674,161	\$557,852	\$1,550,927	\$117,033	\$388,496	\$14,078
8	Total Nursing Facility Days As Filed Days = 45,950	FY12 Audited C/R Days	45,950									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,825	FY 18 GL-PL Ins Rpt Days								24,825		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$203.37	\$107.29	\$0.00	\$22.05	\$26.81	(with L&H)	\$33.75	\$4.71	\$8.45	\$0.31
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4016								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.55								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$76.55	\$0.00	\$22.05	\$26.81		\$33.75	\$4.71	\$8.45	\$0.31
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$154.10	\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$4.71	15.51 (FRV)	\$0.31
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$17.86	\$9.56	\$0.00	\$2.46	\$3.09	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$171.96	\$81.07	\$0.00	\$20.87	\$26.18	\$0.00	\$23.31	\$4.71	\$15.51	\$0.31
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6728								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$135.61								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$226.50	\$135.61	\$0.00	\$20.87	\$26.18	\$0.00	\$23.31	\$4.71	\$15.51	\$0.31
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.39	\$3.39								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$4.07	\$4.07								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.56	\$7.46	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$251.06</b>	<b>\$143.07</b>	<b>\$0.00</b>	<b>\$20.87</b>	<b>\$26.18</b>	<b>\$0.00</b>	<b>\$40.41</b>	<b>\$4.71</b>	<b>\$15.51</b>	<b>\$0.31</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$175.47</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>A.G. Rhodes Home at Wesley Woods, Inc.</b>  Prvdr ID: <b>00040818A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 50.7%  Nurse Hours per On-Site Day/Quality Incentive: 3.72 </div> <div> Facility Score  Add-on Percent  13.37%  5.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.4319  Quarterly Medicaid CMI: 1.7498  Qtrly Mcaid CMI w RUG Wght Options: 1.7849 </div> <div> Facility Specific  1.4319  1.7498  1.7849 </div> <div> State-wide  1.3617  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$10,715,572	\$5,648,350	\$0	\$886,922	\$693,869	\$711,087	\$2,309,540	\$0	\$465,804	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$248,833)	(\$97,239)	\$0	(\$24,371)	\$4,671	\$2,981	(\$159,894)		\$11,350	\$13,669
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$10,466,739	\$5,551,111	\$0	\$862,551	\$698,540	\$714,068	\$2,149,646	\$0	\$477,154	\$13,669
8	Total Nursing Facility Days As Filed Days = 51,585	FY12 Audited C/R Days	51,611									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 48,690	FY 18 GL-PL Ins Rpt Days								48,690		
9	Net Per Diems prior to Case Mix Adjstnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$202.80	\$107.56	\$0.00	\$16.71	\$27.37	(with L&H)	\$41.65	\$0.00	\$9.25	\$0.26
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4319								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.12								
12	Net Per Diems after Case Mix Adjstnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$75.12	\$0.00	\$16.71	\$27.37		\$41.65	\$0.00	\$9.25	\$0.26
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$149.05	\$71.51	\$0.00	\$16.71	\$23.09		\$20.56	\$0.00	16.92 (FRV)	\$0.26
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allownc %	\$17.63	\$9.56	\$0.00	\$2.23	\$3.09	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$166.68	\$81.07	\$0.00	\$18.94	\$26.18	\$0.00	\$23.31	\$0.00	\$16.92	\$0.26
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7849								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$144.70								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$230.31	\$144.70	\$0.00	\$18.94	\$26.18	\$0.00	\$23.31	\$0.00	\$16.92	\$0.26
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$7.96	\$7.96								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.34	\$4.34								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$29.62	\$12.30	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$259.93	\$157.00	\$0.00	\$19.16	\$26.18	\$0.00	\$40.41	\$0.00	\$16.92	\$0.26
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$182.12									



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

Provider: <b>A.G. Rhodes Home, Inc.</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00140005A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>	Growth Allowance: <b>N/A</b>	Qtrly BIMS score <b>44.4%</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.3781</b>				<b>1.3617</b>		
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>4.15</b>	<b>2.5%</b>	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.7766</b>				<b>1.7427</b>	<b>1.5382</b>		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		<i>90.0%</i>	<i>90.0%</i>	<i>90.0%</i>	<i>85.0%</i>		<i>50.0%</i>			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		<i>100.0%</i>	<i>100.0%</i>	<i>100.0%</i>	<i>100.0%</i>		<i>105.0%</i>			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		<i>\$0.53</i>	<i>\$0.00</i>	<i>\$0.22</i>	<i>\$0.41</i>		<i>\$0.37</i>			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$9,365,897	\$5,035,907	\$0	\$990,199	\$597,278	\$675,204	\$1,741,911	\$0	\$325,398	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjmts	(\$319,525)	(\$199,152)	\$0	(\$2,647)	\$12,487	(\$3,293)	(\$125,005)		(\$15,506)	\$13,591
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$9,046,372	\$4,836,755	\$0	\$987,552	\$609,765	\$671,911	\$1,616,906	\$0	\$309,892	\$13,591
8	Total Nursing Facility Days As Filed Days = 47,821	FY12 Audited C/R Days	47,833									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 47,335	FY 18 GL-PL Ins Rpt Days								47,335		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$189.12	\$101.12	\$0.00	\$20.65	\$26.79	(with L&H)	\$33.80	\$0.00	\$6.48	\$0.28
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.3781</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.38								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$73.38	\$0.00	\$20.65	\$26.79		\$33.80	\$0.00	\$6.48	\$0.28
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$150.68	\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	16.83 (FRV)	\$0.28
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$17.86	\$9.56	\$0.00	\$2.46	\$3.09	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$168.54	\$81.07	\$0.00	\$20.87	\$26.18	\$0.00	\$23.31	\$0.00	\$16.83	\$0.28
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.7766</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$144.03								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$231.50	\$144.03	\$0.00	\$20.87	\$26.18	\$0.00	\$23.31	\$0.00	\$16.83	\$0.28
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Snd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.60	\$3.60								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$4.32	\$4.32								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.02	\$7.92	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$256.52	\$151.95	\$0.00	\$20.87	\$26.18	\$0.00	\$40.41	\$0.00	\$16.83	\$0.28
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$179.57									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

**FINAL**

<div> <div> Provider: <b>Abercorn Rehabilitation Center</b>  Prvdr ID: <b>00083025A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: <b>N/A</b>  Qtrly BIMS score: <b>41.7%</b>  Nurse Hours per On-Site Day/Quality Incentive: <b>2.95</b> </div> <div> Facility Score: <b>N/A</b>  Add-on Percent: <b>13.37%</b>  2.5%  2.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: <b>1.5995</b>  Quarterly Medicaid CMI: <b>1.5334</b>  Qtrly Mcaid CMI w RUG Wght Options: <b>1.5621</b> </div> <div> Facility Specific: <b>1.5995</b>  1.5334  1.5621 </div> <div> State-wide: <b>1.3617</b>  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekeeping	Plant Operations & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,595,788	\$2,904,219	\$0	\$532,761	\$179,542	\$310,536	\$1,410,205	\$101,378	\$157,147	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$396,995)	(\$13,441)	\$0	(\$592)	\$4,040	\$5,215	(\$395,753)		(\$63,055)	\$66,591
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,198,793	\$2,890,778	\$0	\$532,169	\$183,582	\$315,751	\$1,014,452	\$101,378	\$94,092	\$66,591
8	Total Nursing Facility Days As Filed Days = 32,214	FY12 Audited C/R Days	32,214									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,185	FY 18 GL-PL Ins Rpt Days								30,185		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$161.60	\$89.74	\$0.00	\$16.52	\$15.50	(with L&H)	\$31.49	\$3.36	\$2.92	\$2.07
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5995								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.11								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$56.11	\$0.00	\$16.52	\$15.50		\$31.49	\$3.36	\$2.92	\$2.07
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$123.82	\$56.11	\$0.00	\$16.52	\$15.50		\$20.56	\$3.36	9.70 (FRV)	\$2.07
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allownc %	\$14.53	\$7.50	\$0.00	\$2.21	\$2.07	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$138.35	\$63.61	\$0.00	\$18.73	\$17.57	\$0.00	\$23.31	\$3.36	\$9.70	\$2.07
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5621								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.37								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.11	\$99.37	\$0.00	\$18.73	\$17.57	\$0.00	\$23.31	\$3.36	\$9.70	\$2.07
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem (ISind - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.48	\$2.48								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.99	\$1.99								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.73	\$5.00	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$196.84</b>	<b>\$104.37</b>	<b>\$0.00</b>	<b>\$18.95</b>	<b>\$17.98</b>	<b>\$0.00</b>	<b>\$40.41</b>	<b>\$3.36</b>	<b>\$9.70</b>	<b>\$2.07</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$134.81</b>									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Advanced Health and Rehab of Twiggs County Prvdr ID: 003185378A H/B ? : No			Add-on Data and Percentages Growth Allowance: N/A BIMS: 38.4% Nurse Hours per On-Site Day/Quality Incentive: 4.04			Facility Score N/A	Add-on Percent 13.37% 2.5% 2.0%	Case Mix Index (CMI) Data Base Period Overall CMI: Quarterly Medicaid CMI: Qtrly Mcaid CMI w RUG Wght Options:			Facility Specific Use Stwd 1.7517 1.7851	State-wide 1.3617 1.5438 1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
<b>Cost Center Peer Groups per Selected Options</b>				1	1	2	1	1	1			
Type of Facility within Peer Group				All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
Bed Size Range within Peer Group				All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
Peer Group Standards: Percentile				90.0%	90.0%	90.0%	85.0%		50.0%			
Peer Group Standards: Multiplier				100.0%	100.0%	100.0%	100.0%		105.0%			
Efficiency Measures (Maximums)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Per Diem Costs and Add-ons</b>												
GL-PL- Insurance Costs		FY2018 GL-PL Ins. Rpt								\$ 54,437		
Total Nursing Facility Days GL-PL Ins. Rpt		FY2018 GL-PL Ins. Rpt								26,482		
Standard Per Diem (After CMA for Routine Svcs)		FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$15.71	\$0.00
<u>Allowed @ 95% of Std</u>			\$142.60	\$67.93		\$17.49	\$21.94		\$19.53		\$15.71	\$0.00
Growth Allowance 13.4%			\$16.97	\$9.08		\$2.34	\$2.93		\$2.61			
CMA Allowed Per Diem (After Growth Allowance)			\$161.63	\$77.01		\$19.83	\$24.87		\$22.14	\$ 2.06	\$15.71	\$0.00
Quarterly Facility Case Mix Index for Medicaid Residents				1.7851							(FRV Rate)	
Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem				\$137.47								
Quarterly Medicaid CMA Allowed Per Diem			\$222.09	\$137.47		\$19.83	\$24.87		\$22.14	\$2.06	\$15.71	\$0.00
<b>Quarterly Per Diem Add-On Amounts</b>												
BIMS Add-on Per Diem = 2.5% (to Routine Svcs)			\$3.44	\$3.44								
Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%			\$2.75	\$2.75								
Nursing Home Provider Fee			\$17.10						17.10			
<b>Total Quarterly Per Diem Add-On Amounts</b>			\$23.29									
<b>Quarterly Case Mix Based Per Diem Rate</b>			\$245.37	\$143.66		\$19.83	\$24.87		\$39.24	\$2.06	\$15.71	\$0.00
<b>Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%</b>		\$171.21										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Altamaha Healthcare Ctr.</b>  Prvdr ID: <b>00140027A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 35.4%  Nurse Hours per On-Site Day/Quality Incentive: 2.99 </div> <div> Facility Score: N/A  Add-on Percent: 13.37%  2.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.4937  Quarterly Medicaid CMI: 1.5251  Qtrly Mcaid CMI w RUG Wght Options: 1.5506 </div> <div> Facility Specific: 1.4937  1.5251  1.5506 </div> <div> State-wide: 1.3617  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,496,153	\$1,307,867	\$0	\$260,953	\$160,233	\$150,961	\$442,827	\$12,964	\$160,348	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	\$36,104	\$0	\$0	\$0	\$0	\$0	\$4,855		\$4,790	\$26,459
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,532,257	\$1,307,867	\$0	\$260,953	\$160,233	\$150,961	\$447,682	\$12,964	\$165,138	\$26,459
8	Total Nursing Facility Days As Filed Days = 22,023	FY12 Audited C/R Days	22,023									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,546	FY 18 GL-PL Ins Rpt Days								20,546		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$115.03	\$59.39	\$0.00	\$11.85	\$14.13	(with L&H)	\$20.33	\$0.63	\$7.50	\$1.20
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4937								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$39.76								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$39.76	\$0.00	\$11.85	\$14.13		\$20.33	\$0.63	\$7.50	\$1.20
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$95.24	\$39.76	\$0.00	\$11.85	\$14.13		\$20.33	\$0.63	7.34 (FRV)	\$1.20
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allownc %	\$11.51	\$5.32	\$0.00	\$1.58	\$1.89	\$0.00	\$2.72	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$106.75	\$45.08	\$0.00	\$13.43	\$16.02	\$0.00	\$23.05	\$0.63	\$7.34	\$1.20
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5506								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$69.90								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$131.57	\$69.90	\$0.00	\$13.43	\$16.02	\$0.00	\$23.05	\$0.63	\$7.34	\$1.20
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.33	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.17		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.75	\$1.75								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.10	\$2.10								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.28	\$4.38	\$0.00	\$0.22	\$0.41	\$0.00	\$17.27	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$153.85	\$74.28	\$0.00	\$13.65	\$16.43	\$0.00	\$40.32	\$0.63	\$7.34	\$1.20
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$102.56									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

**FINAL**

Provider: <b>Amara Healthcare &amp; Rehab.</b>			<u>Add-on Data and Percentages</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00140049A</b>			Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>			Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.1730</b>			<b>1.3617</b>	
			MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/20</b>			Qtrly BIMS score: <b>34.3%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.5593</b>			<b>1.5382</b>	
			Nurse Hours per On-Site Day/Quality Incentive:			<b>4.76</b>	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.5857</b>			<b>1.5656</b>	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,847,054	\$2,145,096	\$0	\$445,961	\$203,920	\$315,526	\$1,068,285	\$111,711	\$556,555	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$62,046)	\$57,914	\$0	\$0	\$3,067	\$4,746	(\$135,914)		(\$6,933)	\$15,074
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,785,008	\$2,203,010	\$0	\$445,961	\$206,987	\$320,272	\$932,371	\$111,711	\$549,622	\$15,074
8	Total Nursing Facility Days As Filed Days = 37,101	FY12 Audited C/R Days	37,101									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,067	FY 18 GL-PL Ins Rpt Days								35,067		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$129.15	\$59.38	\$0.00	\$12.02	\$14.21	(with L&H)	\$25.13	\$3.19	\$14.81	\$0.41
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1730								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.62								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$50.62	\$0.00	\$12.02	\$14.21		\$25.13	\$3.19	\$14.81	\$0.41
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$111.67	\$50.62	\$0.00	\$12.02	\$14.21		\$20.56	\$3.19	10.66 (FRV)	\$0.41
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Alwmc %	\$13.03	\$6.77	\$0.00	\$1.61	\$1.90	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$124.70	\$57.39	\$0.00	\$13.63	\$16.11	\$0.00	\$23.31	\$3.19	\$10.66	\$0.41
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5857								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.00								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$158.31	\$91.00	\$0.00	\$13.63	\$16.11	\$0.00	\$23.31	\$3.19	\$10.66	\$0.41
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Abwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.28	\$2.28								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.73	\$2.73								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.27	\$5.54	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$181.58	\$96.54	\$0.00	\$13.85	\$16.52	\$0.00	\$40.41	\$3.19	\$10.66	\$0.41
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$123.36									



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Anderson Mill Health &amp; Rehab</b>  Prvdr ID: <b>00140379A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 34.0%  Nurse Hours per On-Site Day/Quality Incentive: 3.34 </div> <div> Facility Score  Add-on Percent  13.37%  2.5%  2.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.4753  Quarterly Medicaid CMI: 1.6151  Qtrly Mcaid CMI w RUG Wght Options: 1.6444 </div> <div> Facility Specific  1.4753  1.6151  1.6444 </div> <div> State-wide  1.3617  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,774,777	\$3,926,935	\$0	\$671,818	\$392,185	\$383,064	\$1,742,505	\$411,887	\$1,246,383	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$338,220)	\$0	\$0	\$0	\$0	\$0	(\$338,220)		(\$56,913)	\$56,913
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,436,557	\$3,926,935	\$0	\$671,818	\$392,185	\$383,064	\$1,404,285	\$411,887	\$1,189,470	\$56,913
8	Total Nursing Facility Days As Filed Days = 50,357	FY12 Audited C/R Days	50,357									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 44,121	FY 18 GL-PL Ins Rpt Days								44,121		
10	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$168.70	\$77.98	\$0.00	\$13.34	\$15.40	(with L&H)	\$27.89	\$9.34	\$23.62	\$1.13
11	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4753								
12	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.86								
13	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$52.86	\$0.00	\$13.34	\$15.40		\$27.89	\$9.34	\$23.62	\$1.13
14	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
15	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$121.49	\$52.86	\$0.00	\$13.34	\$15.40		\$20.56	\$9.34	8.86 (FRV)	\$1.13
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
16	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allownc %	\$13.66	\$7.07	\$0.00	\$1.78	\$2.06	\$0.00	\$2.75	N/A	N/A	N/A
17	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$135.15	\$59.93	\$0.00	\$15.12	\$17.46	\$0.00	\$23.31	\$9.34	\$8.86	\$1.13
18	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6444								
19	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.55								
20	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$173.77	\$98.55	\$0.00	\$15.12	\$17.46	\$0.00	\$23.31	\$9.34	\$8.86	\$1.13
<b>Quarterly Per Diem Add-on Amounts</b>												
21	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
22	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.46	\$2.46								
23	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$1.97	\$1.97								
24	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
25	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.69	\$4.96	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
26	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$196.46	\$103.51	\$0.00	\$15.34	\$17.87	\$0.00	\$40.41	\$9.34	\$8.86	\$1.13
27	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$134.52									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Ansley Park Health & Rehab Center			Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 003136416A			Growth Allowance:			N/A	13.37%	Base Period Overall CMI:			Use Stwd	1.3617
H/B ? : No			Case Mix Per Diem Rate Effective Date: 04/01/21			BIMS:	18.8%	Quarterly Medicaid CMI:			1.3867	1.5438
MDS & Nurse Hrs Data per Quarter Ending: 12/31/20			Nurse Hours per On-Site Day/Quality Incentive:			4.26	2.0%	Qrtly Mcaid CMI w RUG Wght Options:			1.4127	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
Cost Center Peer Groups per Selected Options												
Type of Facility within Peer Group												
Bed Size Range within Peer Group												
Peer Group Standards & Efficiency Measure Limits												
Peer Group Standards: Percentile												
Peer Group Standards: Multiplier												
Efficiency Measures (Maximums)												
Per Diem Costs and Add-ons												
GL-PL- Insurance Costs												
Total Nursing Facility Days GL-PL Ins. Rpt												
Standard Per Diem (After CMA for Routine Svcs)												
Allowed @ 95% of Std												
Growth Allowance 13.4%												
CMA Allowed Per Diem (After Growth Allowance)												
Quarterly Facility Case Mix Index for Medicaid Residents												
Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem												
Quarterly Medicaid CMA Allowed Per Diem												
Quarterly Per Diem Add-On Amounts												
BIMS Add-on Per Diem = 0.0% (to Routine Svcs)												
Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%												
Nursing Home Provider Fee												
Total Quarterly Per Diem Add-On Amounts												
Quarterly Case Mix Based Per Diem Rate												
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%												

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

**FINAL**

<div> <div> Provider: <b>Appling Nursing and Rehab Pavillion</b>  Prvdr ID: <b>00140093A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 23.4%  Nurse Hours per On-Site Day/Quality Incentive: 2.73 </div> <div> Facility Score: N/A  Add-on Percent: 13.37%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.0796  Quarterly Medicaid CMI: 1.2689  Qtrly Mcaid CMI w RUG Wght Options: 1.2887 </div> <div> Facility Specific: 1.0796  1.2689  1.2887 </div> <div> State-wide: 1.3617  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,411,383	\$3,136,854	\$0	\$947,947	\$435,470	\$507,289	\$799,294	\$218,142	\$366,387	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$115,028)	\$0	\$0	\$0	(\$17,548)	(\$20,441)	(\$62,275)		(\$14,764)	\$0
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,296,355	\$3,136,854	\$0	\$947,947	\$417,922	\$486,848	\$737,019	\$218,142	\$351,623	\$0
8	Total Nursing Facility Days As Filed Days = 36,305	FY12 Audited C/R Days	36,305									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,711	FY 18 GL-PL Ins Rpt Days								36,711		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$173.36	\$86.40	\$0.00	\$26.11	\$24.92	(with L&H)	\$20.30	\$5.94	\$9.69	\$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.0796								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.03								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$80.03	\$0.00	\$26.11	\$24.92		\$20.30	\$5.94	\$9.69	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$175.81	\$71.51	\$0.00	\$26.11	\$23.09		\$20.30	\$5.94	28.86 (FRV)	\$0.00
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$18.85	\$9.56	\$0.00	\$3.49	\$3.09	\$0.00	\$2.71	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$194.66	\$81.07	\$0.00	\$29.60	\$26.18	\$0.00	\$23.01	\$5.94	\$28.86	\$0.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2887								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.47								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$218.06	\$104.47	\$0.00	\$29.60	\$26.18	\$0.00	\$23.01	\$5.94	\$28.86	\$0.00
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.41	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.19		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.04	\$1.04								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$3.13	\$3.13								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.68	\$4.17	\$0.00	\$0.22	\$0.00	\$0.00	\$17.29	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$239.74</b>	<b>\$108.64</b>	<b>\$0.00</b>	<b>\$29.82</b>	<b>\$26.18</b>	<b>\$0.00</b>	<b>\$40.30</b>	<b>\$5.94</b>	<b>\$28.86</b>	<b>\$0.00</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$166.98</b>									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Archway Transitional Care Center Prvdr ID: 003185502A H/B ?: No			Case Mix Per Diem Rate Effective Date: 04/01/21 MDS & Nurse Hrs Data per Quarter Ending: 12/31/20			Add-on Data and Percentages Growth Allowance: N/A BIMS: 52.7% Nurse Hours per On-Site Day/Quality Incentive: 3.10			Facility Score: N/A Add-on Percent: 13.37% 5.5% 2.0%			Case Mix Index (CMI) Data Base Period Overall CMI: 1.3582 Quarterly Medicaid CMI: 1.3810 Qtrly Mcaid CMI w RUG Wght Options: 1.5713			Facility Specific Use Stwd: 1.3582 1.5438 1.3810 1.5713		State-wide: 1.3617 1.5438 1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance						
			a	b	c	d	e	f	g		h	i						
CASE MIX BASED RATE CALCULATIONS																		
Cost Center Peer Groups per Selected Options																		
Type of Facility within Peer Group																		
Bed Size Range within Peer Group																		
Peer Group Standards & Efficiency Measure Limits																		
Peer Group Standards: Percentile																		
Peer Group Standards: Multiplier																		
Efficiency Measures (Maximums)																		
Per Diem Costs and Add-ons																		
GL-PL- Insurance Costs																		
Total Nursing Facility Days GL-PL Ins. Rpt																		
Standard Per Diem (After CMA for Routine Svcs)																		
Allowed @ 95% of Std																		
Growth Allowance 13.4%																		
CMA Allowed Per Diem (After Growth Allowance)																		
Quarterly Facility Case Mix Index for Medicaid Residents																		
Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem																		
Quarterly Medicaid CMA Allowed Per Diem																		
Quarterly Per Diem Add-On Amounts																		
BIMS Add-on Per Diem = 5.5% (to Routine Svcs)																		
Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%																		
Nursing Home Provider Fee																		
Total Quarterly Per Diem Add-On Amounts																		
Quarterly Case Mix Based Per Diem Rate																		
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%																		

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Arrowhead Healthcare</b>  Prvdr ID: <b>00143162A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 68.0%  Nurse Hours per On-Site Day/Quality Incentive: 2.39 </div> <div> Facility Score: N/A  Add-on Percent: 13.37%  5.5%  2.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.4860  Quarterly Medicaid CMI: 1.9768  Qtrly Mcaid CMI w RUG Wght Options: 2.0155 </div> <div> Facility Specific: 1.4860  1.9768  2.0155 </div> <div> State-wide: 1.3617  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R - FY 2018 GL-PL Rpt	\$5,472,469	\$2,829,977	\$0	\$518,714	\$365,429	\$307,891	\$772,323	\$34,098	\$644,037	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$420,703)	(\$321,340)	\$0	(\$9,170)	(\$1,236)	\$20,697	(\$68,358)		(\$106,114)	\$64,818
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,051,766	\$2,508,637	\$0	\$509,544	\$364,193	\$328,588	\$703,965	\$34,098	\$537,923	\$64,818
8	Total Nursing Facility Days As Filed Days = 37,615	FY12 Audited C/R Days	37,615									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,491	FY 18 GL-PL Ins Rpt Days								38,491		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$134.29	\$66.69	\$0.00	\$13.55	\$18.42	(with L&H)	\$18.72	\$0.89	\$14.30	\$1.72
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4860								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$44.88								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$44.88	\$0.00	\$13.55	\$18.42		\$18.72	\$0.89	\$14.30	\$1.72
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$107.53	\$44.88	\$0.00	\$13.55	\$18.42		\$18.72	\$0.89	9.35 (FRV)	\$1.72
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$12.77	\$6.00	\$0.00	\$1.81	\$2.46	\$0.00	\$2.50	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$120.30	\$50.88	\$0.00	\$15.36	\$20.88	\$0.00	\$21.22	\$0.89	\$9.35	\$1.72
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		2.0155								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.55								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$171.97	\$102.55	\$0.00	\$15.36	\$20.88	\$0.00	\$21.22	\$0.89	\$9.35	\$1.72
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.64	\$5.64								
22	Nurse Staff Hrs / Quality Add-on Per Diem: 2.0% (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$2.05	\$2.05								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.32	\$8.22	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$198.29	\$110.77	\$0.00	\$15.58	\$21.29	\$0.00	\$38.69	\$0.89	\$9.35	\$1.72
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$135.89									



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

**FINAL**

<div> <div> Provider: <b>Autumn Breeze Health Care Ctr</b>  Prvdr ID: <b>00140159A</b> </div> <div> <div>Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b></div> <div>MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b></div> </div> <div> <div> Add-on Data and Percentages  Growth Allowance: <b>N/A</b>  Qltry BIMS score: <b>21.1%</b>  Nurse Hours per On-Site Day/Quality Incentive: <b>2.78</b> </div> <div> Facility Score: <b>N/A</b>  Add-on Percent: <b>13.37%</b>  1.0%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: <b>1.2569</b>  Quarterly Medicaid CMI: <b>1.5979</b>  Qltry Mcaid CMI w RUG Wght Options: <b>1.6291</b> </div> <div> Facility Specific: <b>1.2569</b>  1.5979  1.6291 </div> <div> State-wide: <b>1.3617</b>  1.5382  1.5656 </div> </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,659,915	\$2,871,125	\$0	\$550,377	\$247,966	\$257,292	\$1,055,300	\$61,986	\$615,869	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$588,903)	(\$272,137)	\$0	(\$26,640)	\$609	\$4,521	(\$277,714)		(\$53,097)	\$35,555
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,071,012	\$2,598,988	\$0	\$523,737	\$248,575	\$261,813	\$777,586	\$61,986	\$562,772	\$35,555
8	Total Nursing Facility Days As Filed Days = 35,506	FY12 Audited C/R Days	35,532									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,023	FY 18 GL-PL Ins Rpt Days								33,023		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$142.84	\$73.14	\$0.00	\$14.74	\$14.36	(with L&H)	\$21.88	\$1.88	\$15.84	\$1.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qlrs of FY12		<b>1.2569</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.19								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$58.19	\$0.00	\$14.74	\$14.36		\$21.88	\$1.88	\$15.84	\$1.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$119.57	\$58.19	\$0.00	\$14.74	\$14.36		\$20.56	\$1.88	8.84 (FRV)	\$1.00
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <b>13.37%</b>	Ln 14 x Grwth Allwnc %	\$14.42	\$7.78	\$0.00	\$1.97	\$1.92	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$133.99	\$65.97	\$0.00	\$16.71	\$16.28	\$0.00	\$23.31	\$1.88	\$8.84	\$1.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.6291</b>								
18	Qltry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.47								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$175.49	\$107.47	\$0.00	\$16.71	\$16.28	\$0.00	\$23.31	\$1.88	\$8.84	\$1.00
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <b>1.0%</b> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.07	\$1.07								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <b>3.0%</b> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.22	\$3.22								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.55	\$4.82	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$198.04</b>	<b>\$112.29</b>	<b>\$0.00</b>	<b>\$16.93</b>	<b>\$16.69</b>	<b>\$0.00</b>	<b>\$40.41</b>	<b>\$1.88</b>	<b>\$8.84</b>	<b>\$1.00</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$135.71</b>									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Autumn Lane Prvdr ID: 00082992A H/B ?: No			Case Mix Per Diem Rate Effective Date: 04/01/21 MDS & Nurse Hrs Data per Quarter Ending: 12/31/20			Add-on Data and Percentages Growth Allowance: N/A BIMS: 29.5% Nurse Hours per On-Site Day/Quality Incentive: 3.41			Facility Score N/A 29.5% 3.41			Add-on Percent 13.37% 1.0% 3.0%			Case Mix Index (CMI) Data Base Period Overall CMI: 1.2897 Quarterly Medicaid CMI: 1.2726 Qtrly Mcaid CMI w RUG Wght Options: 1.2956			Facility Specific 1.2897 1.2726 1.2956		State-wide 1.3617 1.5438 1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operalns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance									
			a	b	c	d	e	f	g		h	i									
CASE MIX BASED RATE CALCULATIONS																					
Cost Center Peer Groups per Selected Options																					
Type of Facility within Peer Group																					
Bed Size Range within Peer Group																					
Peer Group Standards & Efficiency Measure Limits																					
Peer Group Standards: Percentile																					
Peer Group Standards: Multiplier																					
Efficiency Measures (Maximums)																					
Per Diem Costs and Add-ons																					
GL-PL- Insurance Costs																					
Total Nursing Facility Days GL-PL Ins. Rpt																					
Standard Per Diem (After CMA for Routine Svcs)																					
Allowed @ 95% of Std																					
Growth Allowance 13.4%																					
CMA Allowed Per Diem (After Growth Allowance)																					
Quarterly Facility Case Mix Index for Medicaid Residents																					
Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem																					
Quarterly Medicaid CMA Allowed Per Diem																					
Quarterly Per Diem Add-On Amounts																					
BIMS Add-on Per Diem = 1.0% (to Routine Svcs)																					
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%																					
Nursing Home Provider Fee																					
Total Quarterly Per Diem Add-On Amounts																					
Quarterly Case Mix Based Per Diem Rate																					
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvd Fee) x 75%																					

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

Provider: <b>Avalon Hlth. &amp; Rehab</b>			<u>Add-on Data and Percentages</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00142084A</b>			Growth Allowance: N/A			52.4%	13.37%	Base Period Overall CMI: 1.1537			1.3617	
Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>			Qtrly BIMS score: 5.5%			5.5%	5.5%	Quarterly Medicaid CMI: 1.4738			1.5382	
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/20</b>			Nurse Hours per On-Site Day/Quality Incentive: 3.64			2.0%	2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4974			1.5656	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,383,726	\$2,309,445	\$0	\$410,092	\$270,472	\$285,406	\$586,102	\$86,352	\$435,857	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$22,927)	(\$3,894)	\$0	\$0	\$301	\$317	(\$20,109)		(\$24,576)	\$25,034
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,360,799	\$2,305,551	\$0	\$410,092	\$270,773	\$285,723	\$565,993	\$86,352	\$411,281	\$25,034
8	Total Nursing Facility Days As Filed Days = 28,784	FY12 Audited C/R Days	28,784									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,835	FY 18 GL-PL Ins Rpt Days								28,835		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$151.49	\$80.10	\$0.00	\$14.25	\$19.33	(with L&H)	\$19.66	\$2.99	\$14.29	\$0.87
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.1537</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.43								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$69.43	\$0.00	\$14.25	\$19.33		\$19.66	\$2.99	\$14.29	\$0.87
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$136.52	\$69.43	\$0.00	\$14.25	\$19.33		\$19.66	\$2.99	9.99 (FRV)	\$0.87
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$16.40	\$9.28	\$0.00	\$1.91	\$2.58	\$0.00	\$2.63	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$152.92	\$78.71	\$0.00	\$16.16	\$21.91	\$0.00	\$22.29	\$2.99	\$9.99	\$0.87
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.4974</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.86								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.07	\$117.86	\$0.00	\$16.16	\$21.91	\$0.00	\$22.29	\$2.99	\$9.99	\$0.87
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([SInd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.48	\$6.48								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$2.36	\$2.36								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.47	\$9.37	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$219.54	\$127.23	\$0.00	\$16.38	\$22.32	\$0.00	\$39.76	\$2.99	\$9.99	\$0.87
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$151.83									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Azalea Health &amp; Rehabilitation</b>  Prvdr ID: <b>00141963A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score 44.4%  Nurse Hours per On-Site Day/Quality Incentive: 2.82 </div> <div> Facility Score  Add-on Percent  13.37%  2.5%  2.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.3435  Quarterly Medicaid CMI: 1.5119  Qtrly Mcaid CMI w RUG Wght Options: 1.5387 </div> <div> Facility Specific  State-wide  1.3617  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R - FY 2018 GL-PL Rpt	\$3,162,617	\$1,603,561	\$0	\$369,394	\$169,767	\$239,686	\$480,884	\$105,708	\$193,617	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$37,086)	\$0	\$0	\$0	\$0	(\$203)	(\$36,883)		(\$24,478)	\$24,478
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,125,531	\$1,603,561	\$0	\$369,394	\$169,767	\$239,483	\$444,001	\$105,708	\$169,139	\$24,478
8	Total Nursing Facility Days As Filed Days = 23,469	FY12 Audited C/R Days	23,469									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,793	FY 18 GL-PL Ins Rpt Days								27,793		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$132.48	\$68.33	\$0.00	\$15.74	\$17.44	(with L&H)	\$18.92	\$3.80	\$7.21	\$1.04
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3435								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.86								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$50.86	\$0.00	\$15.74	\$17.44		\$18.92	\$3.80	\$7.21	\$1.04
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$117.46	\$50.86	\$0.00	\$15.74	\$17.44		\$18.92	\$3.80	9.66 (FRV)	\$1.04
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$13.76	\$6.80	\$0.00	\$2.10	\$2.33	\$0.00	\$2.53	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$131.22	\$57.66	\$0.00	\$17.84	\$19.77	\$0.00	\$21.45	\$3.80	\$9.66	\$1.04
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5387								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.72								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$162.28	\$88.72	\$0.00	\$17.84	\$19.77	\$0.00	\$21.45	\$3.80	\$9.66	\$1.04
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem (Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.22	\$2.22								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.77	\$1.77								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.62	\$4.52	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$184.90	\$93.24	\$0.00	\$18.06	\$20.18	\$0.00	\$38.92	\$3.80	\$9.66	\$1.04
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$125.85									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

Provider: <b>Azalea Health &amp; Rehab</b>				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00059441A</b>				Growth Allowance: N/A		N/A	13.37%	Base Period Overall CMI: 1.5985			1.5985	1.3617
Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>				Qtrly BIMS score: 32.1%		32.1%	2.5%	Quarterly Medicaid CMI: 1.7932			1.7932	1.5382
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/20</b>				Nurse Hours per On-Site Day/Quality Incentive: 3.87		3.87	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.8280			1.8280	1.5556
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,490,686	\$2,425,377	\$0	\$456,736	\$176,843	\$251,995	\$873,694	\$2,876	\$303,165	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$39,474)	\$0	\$0	\$0	(\$1,511)	(\$2,153)	(\$33,581)		(\$41,835)	\$39,606
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,451,212	\$2,425,377	\$0	\$456,736	\$175,332	\$249,842	\$840,113	\$2,876	\$261,330	\$39,606
8	Total Nursing Facility Days As Filed Days = 31,831	FY12 Audited C/R Days	31,831									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,099	FY 18 GL-PL Ins Rpt Days								29,099		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$139.85	\$76.20	\$0.00	\$14.35	\$13.36	(with L&H)	\$26.39	\$0.10	\$8.21	\$1.24
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5985								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.67								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$47.67	\$0.00	\$14.35	\$13.36		\$26.39	\$0.10	\$8.21	\$1.24
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$109.24	\$47.67	\$0.00	\$14.35	\$13.36		\$20.56	\$0.10	11.96 (FRV)	\$1.24
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$12.83	\$6.37	\$0.00	\$1.92	\$1.79	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$122.07	\$54.04	\$0.00	\$16.27	\$15.15	\$0.00	\$23.31	\$0.10	\$11.96	\$1.24
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8280								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.79								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$166.82	\$98.79	\$0.00	\$16.27	\$15.15	\$0.00	\$23.31	\$0.10	\$11.96	\$1.24
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Sind - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.47	\$2.47								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.96	\$2.96								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.69	\$5.96	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$190.51	\$104.75	\$0.00	\$16.49	\$15.56	\$0.00	\$40.41	\$0.10	\$11.96	\$1.24
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$130.06									



Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Azalealand Nursing Home Prvdr ID: 00141237A H/B ?: No			Case Mix Per Diem Rate Effective Date: 04/01/21 MDS & Nurse Hrs Data per Quarter Ending: 12/31/20			Add-on Data and Percentages Growth Allowance: N/A BIMS: 50.0% Nurse Hours per On-Site Day/Quality Incentive: 4.62			Facility Score N/A 50.0% 3.0%			Add-on Percent 13.37% 5.5% 3.0%			Case Mix Index (CMI) Data Base Period Overall CMI: 1.4999 Quarterly Medicaid CMI: 1.7243 Qtrly Mcaid CMI w RUG Wght Options: 1.7569			Facility Specific 1.4999 1.7243 1.7569		State-wide 1.3617 1.5438 1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatlns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance									
			a	b	c	d	e	f	g		h	i									
CASE MIX BASED RATE CALCULATIONS																					
Cost Center Peer Groups per Selected Options				1	1	2	1	1	1												
Type of Facility within Peer Group				All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities												
Bed Size Range within Peer Group				All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes												
Peer Group Standards & Efficiency Measure Limits																					
Peer Group Standards: Percentile				90.0%	90.0%	90.0%	85.0%		50.0%												
Peer Group Standards: Multiplier				100.0%	100.0%	100.0%	100.0%		105.0%												
Efficiency Measures (Maximums)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37												
Per Diem Costs and Add-ons																					
GL-PL- Insurance Costs		FY2018 GL-PL Ins. Rpt																			
Total Nursing Facility Days GL-PL Ins. Rpt		FY2018 GL-PL Ins. Rpt								\$ 43,732											
Standard Per Diem (After CMA for Routine Svcs)		FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$17.05	\$1.48									
Allowed @ 95% of Std			\$145.42	\$67.93		\$17.49	\$21.94		\$19.53		\$17.05	\$1.48									
Growth Allowance 13.4%			\$16.97	\$9.08		\$2.34	\$2.93		\$2.61												
CMA Allowed Per Diem (After Growth Allowance)			\$164.16	\$77.01		\$19.83	\$24.87		\$22.14	\$ 1.77	\$17.05	\$1.48									
Quarterly Facility Case Mix Index for Medicaid Residents				1.7569							(FRV Rate)										
Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem				\$135.30																	
Quarterly Medicaid CMA Allowed Per Diem			\$222.45	\$135.30		\$19.83	\$24.87		\$22.14	\$1.77	\$17.05	\$1.48									
Quarterly Per Diem Add-On Amounts																					
BIMS Add-on Per Diem = 5.5% (to Routine Svcs)			\$7.44	\$7.44																	
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%			\$4.06	\$4.06																	
Nursing Home Provider Fee			\$17.10						17.10												
Total Quarterly Per Diem Add-On Amounts			\$28.60																		
Quarterly Case Mix Based Per Diem Rate			\$251.05	\$146.80		\$19.83	\$24.87		\$39.24	\$1.77	\$17.05	\$1.48									
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%		\$175.46																			

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

**FINAL**

<div> <div> Provider: <b>Bainbridge Health Care</b>  Prvdr ID: <b>00258915A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score 37.7%  Nurse Hours per On-Site Day/Quality Incentive: 2.51 </div> <div> Facility Score  Add-on Percent  13.37%  2.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.2138  Quarterly Medicaid CMI: 1.8830  Qtrly Mcaid CMI w RUG Wght Options: 1.9202 </div> <div> Facility Specific  1.2138  1.8830  1.9202 </div> <div> State-wide  1.3617  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,632,143	\$1,795,891	\$0	\$371,884	\$254,122	\$217,451	\$524,151	\$26,806	\$441,838	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$173,176)	(\$123,931)	\$0	\$791	\$1,934	\$7,219	(\$48,025)		(\$30,544)	\$19,380
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,458,967	\$1,671,960	\$0	\$372,675	\$256,056	\$224,670	\$476,126	\$26,806	\$411,294	\$19,380
8	Total Nursing Facility Days As Filed Days = 32,126	FY12 Audited C/R Days	32,126									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,797	FY 18 GL-PL Ins Rpt Days								24,797		
10	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$107.90	\$52.04	\$0.00	\$11.60	\$14.96	(with L&H)	\$14.82	\$1.08	\$12.80	\$0.60
11	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2138								
12	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$42.87								
13	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$42.87	\$0.00	\$11.60	\$14.96		\$14.82	\$1.08	\$12.80	\$0.60
14	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
15	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$93.60	\$42.87	\$0.00	\$11.60	\$14.96		\$14.82	\$1.08	7.67 (FRV)	\$0.60
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
16	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$11.26	\$5.73	\$0.00	\$1.55	\$2.00	\$0.00	\$1.98	N/A	N/A	N/A
17	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$104.86	\$48.60	\$0.00	\$13.15	\$16.96	\$0.00	\$16.80	\$1.08	\$7.67	\$0.60
18	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.9202								
19	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.32								
20	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$149.58	\$93.32	\$0.00	\$13.15	\$16.96	\$0.00	\$16.80	\$1.08	\$7.67	\$0.60
<b>Quarterly Per Diem Add-on Amounts</b>												
21	Efficiency Add-on Per Diem (Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
22	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.33	\$2.33								
23	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$2.80	\$2.80								
24	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
25	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.76	\$5.66	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
26	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$173.34	\$98.98	\$0.00	\$13.37	\$17.37	\$0.00	\$34.27	\$1.08	\$7.67	\$0.60
27	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$117.18									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

Provider: <b>Baptist Village, Inc.</b>			<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00140203A</b>			Growth Allowance:		N/A	13.37%	Base Period Overall CMI:				1.1403	1.3617
Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>			Qtrly BIMS score		34.1%	2.5%	Quarterly Medicaid CMI:				1.4529	1.5382
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/20</b>			Nurse Hours per On-Site Day/Quality Incentive:		4.65	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.4802	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$13,946,033	\$7,360,257	\$0	\$1,782,786	\$587,694	\$1,382,872	\$1,847,072	\$104,476	\$880,876	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$143,433)	\$0	\$0	\$0	\$0	\$0	(\$145,334)		(\$33,528)	\$35,429
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$13,802,600	\$7,360,257	\$0	\$1,782,786	\$587,694	\$1,382,872	\$1,701,738	\$104,476	\$847,348	\$35,429
8	Total Nursing Facility Days As Filed Days = 85,093	FY12 Audited C/R Days	85,093									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 78,407	FY 18 GL-PL Ins Rpt Days								78,407		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$162.32	\$86.50	\$0.00	\$20.95	\$23.16	(with L&H)	\$20.00	\$1.33	\$9.96	\$0.42
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.1403								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.86								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$75.86	\$0.00	\$20.95	\$23.16		\$20.00	\$1.33	\$9.96	\$0.42
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$154.01	\$71.51	\$0.00	\$18.41	\$23.09		\$20.00	\$1.33	19.25 (FRV)	\$0.42
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$17.78	\$9.56	\$0.00	\$2.46	\$3.09	\$0.00	\$2.67	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$171.79	\$81.07	\$0.00	\$20.87	\$26.18	\$0.00	\$22.67	\$1.33	\$19.25	\$0.42
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4802								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.00								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$210.72	\$120.00	\$0.00	\$20.87	\$26.18	\$0.00	\$22.67	\$1.33	\$19.25	\$0.42
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Ahdw] x .75, up to max, or 0)	(see Policy Manual)	\$0.37	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.00	\$3.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$3.60	\$3.60								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$6.97	\$6.60	\$0.00	\$0.00	\$0.00	\$0.00	\$0.37	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$217.69	\$126.60	\$0.00	\$20.87	\$26.18	\$0.00	\$23.04	\$1.33	\$19.25	\$0.42
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$163.27									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

**FINAL**

<div> <div> Provider: <b>Bayview Nursing Home</b>  Prvdr ID: <b>00624951A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 50.0%  Nurse Hours per On-Site Day/Quality Incentive: 4.55 </div> <div> Add-on Percent: 13.37%  5.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.3673  Quarterly Medicaid CMI: 1.4026  Qtrly Mcaid CMI w RUG Wght Options: 1.4289 </div> <div> Facility Specific: 1.3673  1.4026  1.5656 </div> <div> State-wide: 1.3617  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,141,476	\$1,598,599	\$0	\$359,072	\$173,859	\$244,410	\$378,968	\$50,140	\$336,428	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$32,227)	\$0	\$0	\$0	\$0	\$0	(\$33,648)		(\$43,412)	\$44,833
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,109,249	\$1,598,599	\$0	\$359,072	\$173,859	\$244,410	\$345,320	\$50,140	\$293,016	\$44,833
8	Total Nursing Facility Days As Filed Days = 20,789	FY12 Audited C/R Days	20,789									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,900	FY 18 GL-PL Ins Rpt Days								21,900		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$149.44	\$76.90	\$0.00	\$17.27	\$20.12	(with L&H)	\$16.61	\$2.29	\$14.09	\$2.16
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3673								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.24								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$56.24	\$0.00	\$17.27	\$20.12		\$16.61	\$2.29	\$14.09	\$2.16
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$149.81	\$56.24	\$0.00	\$17.27	\$20.12		\$16.61	\$2.29	35.12 (FRV)	\$2.16
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14.74	\$7.52	\$0.00	\$2.31	\$2.69	\$0.00	\$2.22	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$164.55	\$63.76	\$0.00	\$19.58	\$22.81	\$0.00	\$18.83	\$2.29	\$35.12	\$2.16
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4289								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.11								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$191.90	\$91.11	\$0.00	\$19.58	\$22.81	\$0.00	\$18.83	\$2.29	\$35.12	\$2.16
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.01	\$5.01								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.73	\$2.73								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.37	\$8.27	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$218.27	\$99.38	\$0.00	\$19.80	\$23.22	\$0.00	\$36.30	\$2.29	\$35.12	\$2.16
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$150.88									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

Provider: <b>Berrien Nursing Center</b>				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00143382A</b>				Growth Allowance:		N/A	13.37%	Base Period Overall CMI:			1.3657	1.3617
Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>				Qtrly BIMS score		24.2%	1.0%	Quarterly Medicaid CMI:			1.6035	1.5382
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/20</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.89	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6306	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,378,143	\$2,639,676	\$0	\$654,635	\$340,368	\$284,150	\$817,717	\$154,198	\$487,399	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjtrmts	(\$76,686)	(\$6,925)	\$0	\$0	\$0	\$3,548	(\$73,309)		(\$35,723)	\$35,723
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,301,457	\$2,632,751	\$0	\$654,635	\$340,368	\$287,698	\$744,408	\$154,198	\$451,676	\$35,723
8	Total Nursing Facility Days As Filed Days = 37,394	FY12 Audited C/R Days	37,394									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,514	FY 18 GL-PL Ins Rpt Days								35,514		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$142.01	\$70.41	\$0.00	\$17.51	\$16.80	(with L&H)	\$19.91	\$4.34	\$12.08	\$0.96
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3657								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$51.56								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$51.56	\$0.00	\$17.51	\$16.80		\$19.91	\$4.34	\$12.08	\$0.96
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$124.41	\$51.56	\$0.00	\$17.51	\$16.80		\$19.91	\$4.34	13.33 (FRV)	\$0.96
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Alwnc %	\$14.14	\$6.89	\$0.00	\$2.34	\$2.25	\$0.00	\$2.66	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$138.55	\$58.45	\$0.00	\$19.85	\$19.05	\$0.00	\$22.57	\$4.34	\$13.33	\$0.96
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6306								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.31								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$175.41	\$95.31	\$0.00	\$19.85	\$19.05	\$0.00	\$22.57	\$4.34	\$13.33	\$0.96
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.95	\$0.95								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.86	\$2.86								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.44	\$4.34	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$197.85	\$99.65	\$0.00	\$20.07	\$19.46	\$0.00	\$40.04	\$4.34	\$13.33	\$0.96
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$135.56									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Blue Ridge Healthcare of Buchanan</b>  Prvdr ID: <b>00142722A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 30.8%  Nurse Hours per On-Site Day/Quality Incentive: 2.77 </div> <div> Add-on Percent: 13.37%  2.5%  2.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.2328  Quarterly Medicaid CMI: 1.6575  Qtrly Mcaid CMI w RUG Wght Options: 1.6873 </div> <div> Facility Specific: 1.2328  1.6575  1.6873 </div> <div> State-wide: 1.3617  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,714,012	\$1,403,168	\$0	\$280,639	\$144,834	\$154,879	\$529,393	\$75,853	\$125,246	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$111,122)	(\$47,291)	\$0	(\$3,711)	\$1,786	\$5,958	(\$68,967)		(\$16,494)	\$17,597
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,602,890	\$1,355,877	\$0	\$276,928	\$146,620	\$160,837	\$460,426	\$75,853	\$108,752	\$17,597
8	Total Nursing Facility Days As Filed Days = 19,686	FY12 Audited C/R Days	19,686									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,724	FY 18 GL-PL Ins Rpt Days								18,724		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$132.42	\$68.88	\$0.00	\$14.07	\$15.62	(with L&H)	\$23.39	\$4.05	\$5.52	\$0.89
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.2328</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.87								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.87	\$0.00	\$14.07	\$15.62		\$23.39	\$4.05	\$5.52	\$0.89
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$121.32	\$55.87	\$0.00	\$14.07	\$15.62		\$20.56	\$4.05	10.26 (FRV)	\$0.89
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$14.19	\$7.47	\$0.00	\$1.88	\$2.09	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$135.51	\$63.34	\$0.00	\$15.95	\$17.71	\$0.00	\$23.31	\$4.05	\$10.26	\$0.89
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.6873</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.87								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$179.04	\$106.87	\$0.00	\$15.95	\$17.71	\$0.00	\$23.31	\$4.05	\$10.26	\$0.89
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.67	\$2.67								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Sfng Add-on	\$2.14	\$2.14								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.07	\$5.34	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$202.11</b>	<b>\$112.21</b>	<b>\$0.00</b>	<b>\$16.17</b>	<b>\$18.12</b>	<b>\$0.00</b>	<b>\$40.41</b>	<b>\$4.05</b>	<b>\$10.26</b>	<b>\$0.89</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$138.76</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Bolingreen Health &amp; Rehab</b>  Prvdr ID: <b>00059485A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score 33.3%  Nurse Hours per On-Site Day/Quality Incentive: 3.89 </div> <div> Add-on Percent: 13.37%  2.5%  2.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.3111  Quarterly Medicaid CMI: 1.7329  Qtrly Mcaid CMI w RUG Wght Options: 1.7655 </div> <div> Facility Specific: 1.3111  1.7329  1.7655 </div> <div> State-wide: 1.3617  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,764,002	\$3,270,937	\$0	\$608,675	\$376,536	\$392,715	\$788,608	\$115,650	\$210,881	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$30,764)	(\$496)	\$0	\$0	\$0	\$0	(\$30,268)		(\$25,461)	\$25,461
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,733,238	\$3,270,441	\$0	\$608,675	\$376,536	\$392,715	\$758,340	\$115,650	\$185,420	\$25,461
8	Total Nursing Facility Days As Filed Days = 42,350	FY12 Audited C/R Days	42,350									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,048	FY 18 GL-PL Ins Rpt Days								40,048		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$135.53	\$77.22	\$0.00	\$14.37	\$18.16	(with L&H)	\$17.91	\$2.89	\$4.38	\$0.60
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3111								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.90								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$58.90	\$0.00	\$14.37	\$18.16		\$17.91	\$2.89	\$4.38	\$0.60
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$121.11	\$58.90	\$0.00	\$14.37	\$18.16		\$17.91	\$2.89	8.28 (FRV)	\$0.60
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14.61	\$7.87	\$0.00	\$1.92	\$2.43	\$0.00	\$2.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$135.72	\$66.77	\$0.00	\$16.29	\$20.59	\$0.00	\$20.30	\$2.89	\$8.28	\$0.60
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7655								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.88								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$186.83	\$117.88	\$0.00	\$16.29	\$20.59	\$0.00	\$20.30	\$2.89	\$8.28	\$0.60
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.95	\$2.95								
22	Nurse Staff Hrs / Quality Add-on Per Diem: 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.36	\$2.36								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.94	\$5.84	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$210.77	\$123.72	\$0.00	\$16.51	\$21.00	\$0.00	\$37.77	\$2.89	\$8.28	\$0.60
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$145.25									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

Provider: <b>Bonterra Nursing Center</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00140357A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>		Growth Allowance:	N/A	Base Period Overall CMI:				1.3678	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	30.2%	Quarterly Medicaid CMI:				1.4887	1.5382	
					2.53	Qtrly Mcaid CMI w RUG Wght Options:				1.5146	1.5656	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,749,521	\$2,873,258	\$0	\$549,737	\$297,922	\$383,371	\$1,324,526	\$151,678	\$1,169,029	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$837,714)	(\$315,499)	\$0	(\$19,592)	(\$5,660)	(\$54,619)	(\$475,340)		(\$51,492)	\$84,488
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,911,807	\$2,557,759	\$0	\$530,145	\$292,262	\$328,752	\$849,186	\$151,678	\$1,117,537	\$84,488
8	Total Nursing Facility Days As Filed Days = 38,644	FY12 Audited C/R Days	38,644									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,641	FY 18 GL-PL Ins Rpt Days								38,641		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$152.99	\$66.19	\$0.00	\$13.72	\$16.07	(with L&H)	\$21.97	\$3.93	\$28.92	\$2.19
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3678								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.39								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$48.39	\$0.00	\$13.72	\$16.07		\$21.97	\$3.93	\$28.92	\$2.19
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$114.12	\$48.39	\$0.00	\$13.72	\$16.07		\$20.56	\$3.93	9.26 (FRV)	\$2.19
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Althnc %	\$13.20	\$6.47	\$0.00	\$1.83	\$2.15	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$127.32	\$54.86	\$0.00	\$15.55	\$18.22	\$0.00	\$23.31	\$3.93	\$9.26	\$2.19
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5146								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$83.09								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$155.55	\$83.09	\$0.00	\$15.55	\$18.22	\$0.00	\$23.31	\$3.93	\$9.26	\$2.19
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Ahdw) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.08	\$2.08								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.49	\$2.49								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.83	\$5.10	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$178.38	\$88.19	\$0.00	\$15.77	\$18.63	\$0.00	\$40.41	\$3.93	\$9.26	\$2.19
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$120.96									



Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Bostick Nursing Center Prvdr ID: 003192286A H/B ?: No			Case Mix Per Diem Rate Effective Date: 04/01/21 MDS & Nurse Hrs Data per Quarter Ending: 12/31/20			Add-on Data and Percentages Growth Allowance: N/A BIMS: 17.7% Nurse Hours per On-Site Day/Quality Incentive: 3.58			Facility Score: N/A Add-on Percent: 13.37% 0.0% 2.0%			Case Mix Index (CMI) Data Base Period Overall CMI: 1.2593 Quarterly Medicaid CMI: 1.2808 Qrtly Mcaid CMI w RUG Wght Options: 1.2808			Facility Specific Use Stwd: 1.3617 1.2593 1.5438 1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance				
			a	b	c	d	e	f	g		h	i				
CASE MIX BASED RATE CALCULATIONS																
Cost Center Peer Groups per Selected Options				1	1	2	1	1	1							
Type of Facility within Peer Group				All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities							
Bed Size Range within Peer Group				All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes							
Peer Group Standards & Efficiency Measure Limits																
Peer Group Standards: Percentile				90.0%	90.0%	90.0%	85.0%		50.0%							
Peer Group Standards: Multiplier				100.0%	100.0%	100.0%	100.0%		105.0%							
Efficiency Measures (Maximums)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37							
Per Diem Costs and Add-ons																
GL-PL- Insurance Costs		FY2018 GL-PL Ins. Rpt								\$ 42,226						
Total Nursing Facility Days GL-PL Ins. Rpt		FY2018 GL-PL Ins. Rpt								11,249						
Standard Per Diem (After CMA for Routine Svcs)		FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$20.20	\$2.95				
Allowed @ 95% of Std			\$150.04	\$67.93		\$17.49	\$21.94		\$19.53		\$20.20	\$2.95				
Growth Allowance 13.4%			\$16.97	\$9.08		\$2.34	\$2.93		\$2.61							
CMA Allowed Per Diem (After Growth Allowance)			\$170.76	\$77.01		\$19.83	\$24.87		\$22.14	\$ 3.75	\$20.20	\$2.95				
Quarterly Facility Case Mix Index for Medicaid Residents				1.2808							(FRV Rate)					
Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem				\$98.64												
Quarterly Medicaid CMA Allowed Per Diem			\$192.38	\$98.64		\$19.83	\$24.87		\$22.14	\$3.75	\$20.20	\$2.95				
Quarterly Per Diem Add-On Amounts																
BIMS Add-on Per Diem = 0.0% (to Routine Svcs)			\$0.00	\$0.00												
Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%			\$1.97	\$1.97												
Nursing Home Provider Fee			\$17.10						17.10							
Total Quarterly Per Diem Add-On Amounts			\$19.07													
Quarterly Case Mix Based Per Diem Rate			\$211.45	\$100.61		\$19.83	\$24.87		\$39.24	\$3.75	\$20.20	\$2.95				
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%		\$145.76														

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

Provider: <b>Brentwood Health &amp; Rehab</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00140071A</b>		Growth Allowance: N/A		31.6%	13.37%	Base Period Overall CMI: 1.3764				1.3617	1.3617	
Case Mix Per Diem Rate Effective Date: 4/1/2021		Qtrly BIMS score: 3.31		2.5%	3.0%	Quarterly Medicaid CMI: 1.2962				1.5382	1.5382	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/20		Nurse Hours per On-Site Day/Quality Incentive: 3.31		3.0%		Qtrly Mcaid CMI w RUG Wght Options: 1.3172				1.5656	1.5656	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,599,980	\$2,498,293	\$0	\$463,280	\$217,890	\$306,183	\$580,119	\$98,535	\$435,680	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$20,888)	\$0	\$0	(\$1,811)	\$0	\$0	(\$20,888)		(\$24,531)	\$26,342
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,579,092	\$2,498,293	\$0	\$461,469	\$217,890	\$306,183	\$559,231	\$98,535	\$411,149	\$26,342
8	Total Nursing Facility Days As Filed Days = 35,080	FY12 Audited C/R Days	35,080									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,533	FY 18 GL-PL Ins Rpt Days								33,533		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$130.66	\$71.22	\$0.00	\$13.15	\$14.94	(with L&H)	\$15.94	\$2.94	\$11.72	\$0.75
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3764								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$51.75								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$51.75	\$0.00	\$13.15	\$14.94		\$15.94	\$2.94	\$11.72	\$0.75
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$109.03	\$51.75	\$0.00	\$13.15	\$14.94		\$15.94	\$2.94	9.56 (FRV)	\$0.75
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$12.81	\$6.92	\$0.00	\$1.76	\$2.00	\$0.00	\$2.13	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$121.84	\$58.67	\$0.00	\$14.91	\$16.94	\$0.00	\$18.07	\$2.94	\$9.56	\$0.75
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3172								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$77.28								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$140.45	\$77.28	\$0.00	\$14.91	\$16.94	\$0.00	\$18.07	\$2.94	\$9.56	\$0.75
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.93	\$1.93								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.32	\$2.32								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.88	\$4.78	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$163.33	\$82.06	\$0.00	\$15.13	\$17.35	\$0.00	\$35.54	\$2.94	\$9.56	\$0.75
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$109.67									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Brian Center of Canton</b>  Prvdr ID: <b>00140643A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qlrlly BIMS score: 27.5%  Nurse Hours per On-Site Day/Quality Incentive: 3.69 </div> <div> Facility Score: N/A  Add-on Percent: 13.37%  1.0%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.3878  Quarterly Medicaid CMI: 1.6104  Qtrly Mcaid CMI w RUG Wght Options: 1.6393 </div> <div> Facility Specific: 1.3878  1.6104  1.6393 </div> <div> State-wide: 1.3617  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatins & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,470,098	\$2,676,697	\$0	\$484,818	\$231,953	\$298,054	\$1,064,058	\$8,255	\$706,263	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$58,995)	(\$449)	\$0	\$0	\$0	\$0	(\$56,373)		(\$45,153)	\$42,980
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,411,103	\$2,676,248	\$0	\$484,818	\$231,953	\$298,054	\$1,007,685	\$8,255	\$661,110	\$42,980
8	Total Nursing Facility Days As Filed Days = 34,595	FY12 Audited C/R Days	34,595									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,839	FY 18 GL-PL Ins Rpt Days								32,839		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$156.42	\$77.36	\$0.00	\$14.01	\$15.32	(with L&H)	\$29.13	\$0.25	\$19.11	\$1.24
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.3878</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.74								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.74	\$0.00	\$14.01	\$15.32		\$29.13	\$0.25	\$19.11	\$1.24
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$119.51	\$55.74	\$0.00	\$14.01	\$15.32		\$20.56	\$0.25	12.39 (FRV)	\$1.24
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$14.12	\$7.45	\$0.00	\$1.87	\$2.05	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$133.63	\$63.19	\$0.00	\$15.88	\$17.37	\$0.00	\$23.31	\$0.25	\$12.39	\$1.24
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.6393</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.59								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.03	\$103.59	\$0.00	\$15.88	\$17.37	\$0.00	\$23.31	\$0.25	\$12.39	\$1.24
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Ahwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.04	\$1.04								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Sflng Add-on	\$3.11	\$3.11								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.41	\$4.68	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$196.44</b>	<b>\$108.27</b>	<b>\$0.00</b>	<b>\$16.10</b>	<b>\$17.78</b>	<b>\$0.00</b>	<b>\$40.41</b>	<b>\$0.25</b>	<b>\$12.39</b>	<b>\$1.24</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$134.51</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Briarwood Health &amp; Rehab Center</b>  Prvdr ID: <b>00706813A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 51.8%  Nurse Hours per On-Site Day/Quality Incentive: 3.78 </div> <div> Add-on Percent: 13.37%  5.5%  2.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.6087  Quarterly Medicaid CMI: 1.6590  Qtrly Mcaid CMI w RUG Wght Options: 1.6903 </div> <div> Facility Specific: 1.6087  1.6590  1.6903 </div> <div> State-wide: 1.3617  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R - FY 2018 GL-PL Rpt	\$5,597,355	\$3,385,591	\$0	\$533,518	\$186,630	\$261,950	\$904,829	\$4,493	\$320,344	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$34,340)	(\$19,883)	\$0	\$0	(\$226)	(\$318)	(\$13,528)		(\$88,674)	\$88,289
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,563,015	\$3,365,708	\$0	\$533,518	\$186,404	\$261,632	\$891,301	\$4,493	\$231,670	\$88,289
8	Total Nursing Facility Days As Filed Days = 34,672	FY12 Audited C/R Days	34,672									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,336	FY 18 GL-PL Ins Rpt Days								34,336		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$160.45	\$97.07	\$0.00	\$15.39	\$12.92	(with L&H)	\$25.71	\$0.13	\$6.68	\$2.55
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.6087								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.34								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$60.34	\$0.00	\$15.39	\$12.92		\$25.71	\$0.13	\$6.68	\$2.55
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$122.80	\$60.34	\$0.00	\$15.39	\$12.92		\$20.56	\$0.13	10.91 (FRV)	\$2.55
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14.61	\$8.07	\$0.00	\$2.06	\$1.73	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$137.41	\$68.41	\$0.00	\$17.45	\$14.65	\$0.00	\$23.31	\$0.13	\$10.91	\$2.55
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6903								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.63								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.63	\$115.63	\$0.00	\$17.45	\$14.65	\$0.00	\$23.31	\$0.13	\$10.91	\$2.55
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem (Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.36	\$6.36								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.31	\$2.31								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.93	\$9.20	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$211.56	\$124.83	\$0.00	\$17.67	\$15.06	\$0.00	\$40.41	\$0.13	\$10.91	\$2.55
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$145.85									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Brightmoor Health Care, Inc.</b>  Prvdr ID: <b>00140412A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: <b>N/A</b>  Qtrly BIMS score: <b>34.6%</b>  Nurse Hours per On-Site Day/Quality Incentive: <b>4.68</b> </div> <div> Facility Score: <b>N/A</b>  Add-on Percent: <b>13.37%</b>  <b>2.5%</b>  <b>3.0%</b> </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: <b>1.2636</b>  Quarterly Medicaid CMI: <b>1.5783</b>  Qtrly Mcaid CMI w RUG Wght Options: <b>1.6082</b> </div> <div> Facility Specific: <b>1.2636</b>  <b>1.5783</b>  <b>1.6082</b> </div> <div> State-wide: <b>1.3617</b>  <b>1.5382</b>  <b>1.5656</b> </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R - FY 2018 GL-PL Rpt	\$8,813,583	\$4,506,439	\$0	\$1,057,822	\$586,219	\$718,825	\$885,109	\$94,658	\$964,511	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$123,908)	(\$85,852)	\$0	\$53,721	(\$24,441)	(\$13,619)	\$19,202		(\$160,912)	\$87,993
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,689,675	\$4,420,587	\$0	\$1,111,543	\$561,778	\$705,206	\$904,311	\$94,658	\$803,599	\$87,993
8	Total Nursing Facility Days As Filed Days = 47,752	FY12 Audited C/R Days	47,752									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 46,147	FY 18 GL-PL Ins Rpt Days								46,147		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$182.04	\$92.57	\$0.00	\$23.28	\$26.53	(with L&H)	\$18.94	\$2.05	\$16.83	\$1.84
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.2636</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.26								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$73.26	\$0.00	\$23.28	\$26.53		\$18.94	\$2.05	\$16.83	\$1.84
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$154.84	\$71.51	\$0.00	\$18.41	\$23.09		\$18.94	\$2.05	19.00 (FRV)	\$1.84
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$17.64	\$9.56	\$0.00	\$2.46	\$3.09	\$0.00	\$2.53	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$172.48	\$81.07	\$0.00	\$20.87	\$26.18	\$0.00	\$21.47	\$2.05	\$19.00	\$1.84
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.6082</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$130.38								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$221.79	\$130.38	\$0.00	\$20.87	\$26.18	\$0.00	\$21.47	\$2.05	\$19.00	\$1.84
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Awd] x .75, up to max, or 0)	(see Policy Manual)	\$0.37	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.26	\$3.26								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$3.91	\$3.91								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.64	\$7.17	\$0.00	\$0.00	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$246.43</b>	<b>\$137.55</b>	<b>\$0.00</b>	<b>\$20.87</b>	<b>\$26.18</b>	<b>\$0.00</b>	<b>\$38.94</b>	<b>\$2.05</b>	<b>\$19.00</b>	<b>\$1.84</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$172.00</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Unaudited 12/31/14 Cost Report Data

FINAL

Provider: <b>Brown Health and Rehab</b> Prvdr ID: <b>00059562A</b>				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/20</b>				Growth Allowance: <b>N/A</b> Qtrly BIMS score: <b>38.9%</b> Nurse Hours per On-Site Day/Quality Incentive: <b>3.18</b>		<b>N/A</b>	<b>13.37%</b> <b>2.5%</b> <b>3.0%</b>	Base Period Overall CMI: <b>1.3805</b> Quarterly Medicaid CMI: <b>1.6803</b> Qtrly Mcaid CMI w RUG Wght Options: <b>1.7122</b>			<b>1.3805</b> <b>1.6803</b> <b>1.7122</b>	<b>1.4014</b> <b>1.5382</b> <b>1.5656</b>
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatlns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 12/31/14 C/R - FY 18 GL-PL Rpt	\$6,386,941	\$3,084,712	\$0	\$620,357	\$404,220	\$304,919	\$1,390,301	\$137,630	\$444,802	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	12/31/14 C/R Audit Adjstmnts	(\$615,487)	\$0	\$0	\$0	\$0	\$0	(\$615,487)		(\$14,918)	\$14,918
7	Cost Center Costs After Audit Adjustments	12/31/14 Audited C/R	\$5,771,454	\$3,084,712	\$0	\$620,357	\$404,220	\$304,919	\$774,814	\$137,630	\$429,884	\$14,918
8	Total Nursing Facility Days As Filed Days = 37,086	12/31/14 Audited C/R Days	37,086									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,079	FY 18 GL-PL Ins Rpt Days								38,079		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$155.52	\$83.18	\$0.00	\$16.73	\$19.12	(with L&H)	\$20.89	\$3.61	\$11.59	\$0.40
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.3805								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.25								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$60.25	\$0.00	\$16.73	\$19.12		\$20.89	\$3.61	\$11.59	\$0.40
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.31	\$0.00	\$30.41	\$23.55		\$24.02		N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$138.59	\$60.25	\$0.00	\$16.73	\$19.12		\$20.89	\$3.61	17.59 (FRV)	\$0.40
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Allwnc %	\$15.65	\$8.06	\$0.00	\$2.24	\$2.56	\$0.00	\$2.79	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$154.24	\$68.31	\$0.00	\$18.97	\$21.68	\$0.00	\$23.68	\$3.61	\$17.59	\$0.40
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7122								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.96								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.89	\$116.96	\$0.00	\$18.97	\$21.68	\$0.00	\$23.68	\$3.61	\$17.59	\$0.40
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.92	\$2.92								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$3.51	\$3.51								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.06	\$6.96	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$227.95	\$123.92	\$0.00	\$19.19	\$22.09	\$0.00	\$41.15	\$3.61	\$17.59	\$0.40
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$158.14									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Brown's Healthcare</b>  Prvdr ID: <b>00140434A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 34.1%  Nurse Hours per On-Site Day/Quality Incentive: 3.02 </div> <div> Facility Score  Add-on Percent  13.37%  2.5%  2.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.4535  Quarterly Medicaid CMI: 1.5031  Qtrly Mcaid CMI w RUG Wght Options: 1.5286 </div> <div> Facility Specific  1.4535  1.5031  1.5286 </div> <div> State-wide  1.3617  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R - FY 2018 GL-PL Rpt	\$2,690,414	\$1,268,340	\$0	\$270,446	\$161,206	\$168,523	\$504,491	\$13,173	\$304,235	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	\$63,322	\$0	\$0	\$0	\$0	\$0	\$29,434		\$13,475	\$20,413
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,753,736	\$1,268,340	\$0	\$270,446	\$161,206	\$168,523	\$533,925	\$13,173	\$317,710	\$20,413
8	Total Nursing Facility Days As Filed Days = 22,287	FY12 Audited C/R Days	22,287									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,285	FY 18 GL-PL Ins Rpt Days								21,285		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$123.59	\$56.91	\$0.00	\$12.13	\$14.79	(with L&H)	\$23.96	\$0.62	\$14.26	\$0.92
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<b>1.4535</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$39.15								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$39.15	\$0.00	\$12.13	\$14.79		\$23.96	\$0.62	\$14.26	\$0.92
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$99.16	\$39.15	\$0.00	\$12.13	\$14.79		\$20.56	\$0.62	10.99 (FRV)	\$0.92
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$11.58	\$5.23	\$0.00	\$1.62	\$1.98	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$110.74	\$44.38	\$0.00	\$13.75	\$16.77	\$0.00	\$23.31	\$0.62	\$10.99	\$0.92
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.5286</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$67.84								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$134.20	\$67.84	\$0.00	\$13.75	\$16.77	\$0.00	\$23.31	\$0.62	\$10.99	\$0.92
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.70	\$1.70								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Sflng Add-on	\$1.36	\$1.36								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.32	\$3.59	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$155.52</b>	<b>\$71.43</b>	<b>\$0.00</b>	<b>\$13.97</b>	<b>\$17.18</b>	<b>\$0.00</b>	<b>\$40.41</b>	<b>\$0.62</b>	<b>\$10.99</b>	<b>\$0.92</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$103.82</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Bryan County Health &amp; Rehab Ctr</b>  Prvdr ID: <b>00715569A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score 47.6%  Nurse Hours per On-Site Day/Quality Incentive: 3.67 </div> <div> Facility Score  Add-on Percent  13.37%  5.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.3338  Quarterly Medicaid CMI: 1.7235  Qtrly Mcaid CMI w RUG Wght Options: 1.7565 </div> <div> Facility Specific  1.3338  1.7235  1.7565 </div> <div> State-wide  1.3617  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
3	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R - FY 2018 GL-PL Rpt	\$4,768,621	\$2,536,618	\$0	\$662,379	\$367,456	\$294,923	\$587,904	\$126,970	\$192,371	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$117,398)	\$7,257	\$0	\$0	\$0	\$0	(\$114,275)		(\$63,432)	\$53,052
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,651,223	\$2,543,875	\$0	\$662,379	\$367,456	\$294,923	\$473,629	\$126,970	\$128,939	\$53,052
8	Total Nursing Facility Days As Filed Days = 35,129	FY12 Audited C/R Days	35,129									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,801	FY 18 GL-PL Ins Rpt Days								33,801		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$132.56	\$72.42	\$0.00	\$18.86	\$18.86	(with L&H)	\$13.48	\$3.76	\$3.67	\$1.51
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.3338</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.30								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$54.30	\$0.00	\$18.86	\$18.86		\$13.48	\$3.76	\$3.67	\$1.51
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$123.35	\$54.30	\$0.00	\$18.41	\$18.86		\$13.48	\$3.76	13.03 (FRV)	\$1.51
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$14.04	\$7.26	\$0.00	\$2.46	\$2.52	\$0.00	\$1.80	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$137.39	\$61.56	\$0.00	\$20.87	\$21.38	\$0.00	\$15.28	\$3.76	\$13.03	\$1.51
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.7565</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.13								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$183.96	\$108.13	\$0.00	\$20.87	\$21.38	\$0.00	\$15.28	\$3.76	\$13.03	\$1.51
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem (Std - Abwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.95	\$5.95								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.24	\$3.24								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.60	\$9.72	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$211.56</b>	<b>\$117.85</b>	<b>\$0.00</b>	<b>\$20.87</b>	<b>\$21.79</b>	<b>\$0.00</b>	<b>\$32.75</b>	<b>\$3.76</b>	<b>\$13.03</b>	<b>\$1.51</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$145.85</b>									



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Bryant Health &amp; Rehab. Ctr, Inc</b>  Prvdr ID: <b>00142601A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 26.0%  Nurse Hours per On-Site Day/Quality Incentive: 2.67 </div> <div> Facility Score: N/A  Add-on Percent: 13.37%  1.0%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.1714  Quarterly Medicaid CMI: 1.5384  Qtrly Mcaid CMI w RUG Wght Options: 1.5673 </div> <div> Facility Specific: 1.1714  1.5384  1.5673 </div> <div> State-wide: 1.3617  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatlns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,112,453	\$1,709,215	\$0	\$373,918	\$203,258	\$229,045	\$356,117	\$29,270	\$211,630	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$209,652)	(\$3,348)	\$0	(\$5,156)	(\$160)	(\$180)	(\$22,665)		(\$196,135)	\$17,992
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,902,801	\$1,705,867	\$0	\$368,762	\$203,098	\$228,865	\$333,452	\$29,270	\$15,495	\$17,992
8	Total Nursing Facility Days As Filed Days = 26,257	FY12 Audited C/R Days	26,257									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,472	FY 18 GL-PL Ins Rpt Days								25,472		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$110.59	\$64.97	\$0.00	\$14.04	\$16.45	(with L&H)	\$12.70	\$1.15	\$0.59	\$0.69
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1714								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.46								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.46	\$0.00	\$14.04	\$16.45		\$12.70	\$1.15	\$0.59	\$0.69
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$108.13	\$55.46	\$0.00	\$14.04	\$16.45		\$12.70	\$1.15	7.64 (FRV)	\$0.69
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$13.20	\$7.42	\$0.00	\$1.88	\$2.20	\$0.00	\$1.70	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$121.33	\$62.88	\$0.00	\$15.92	\$18.65	\$0.00	\$14.40	\$1.15	\$7.64	\$0.69
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5673								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.55								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$157.00	\$98.55	\$0.00	\$15.92	\$18.65	\$0.00	\$14.40	\$1.15	\$7.64	\$0.69
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((SInd - Ahdw) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.99	\$0.99								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$2.96	\$2.96								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.58	\$4.48	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$179.58	\$103.03	\$0.00	\$16.14	\$19.06	\$0.00	\$31.87	\$1.15	\$7.64	\$0.69
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$121.86									

Quarterly Case Mix Per Diem Calculation

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Provider: Budd Terrace At Wesley Woods Prvdr ID: 003167547A H/B ? : No				<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: 32.9% Nurse Hours per On-Site Day/Quality Incentive: 8.91		Facility Score N/A	Add-on Percent 13.37% 2.5% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: Quarterly Medicaid CMI: Qtrly Mcaid CMI w RUG Wght Options:			Facility Specific Use Stwd 1.2393 1.2583	State-wide 1.3617 1.5438 1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
<b>Cost Center Peer Groups per Selected Options</b>				1	1	2	1	1	1			
Type of Facility within Peer Group				All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
Bed Size Range within Peer Group				All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
Peer Group Standards: Percentile				90.0%	90.0%	90.0%	85.0%		50.0%			
Peer Group Standards: Multiplier				100.0%	100.0%	100.0%	100.0%		105.0%			
Efficiency Measures (Maximums)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Per Diem Costs and Add-ons</b>												
GL-PL- Insurance Costs		FY2018 GL-PL Ins. Rpt								\$167,948.00		
Total Nursing Facility Days GL-PL Ins. Rpt		FY2018 GL-PL Ins. Rpt								64,706		
Standard Per Diem (After CMA for Routine Svcs)		FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$13.94	\$2.40
<u>Allowed @ 90% of Std</u>			\$136.55	\$64.36		\$16.57	\$20.78		\$18.50		\$13.94	\$2.40
Growth Allowance 13.37%			\$16.07	\$8.60		\$2.22	\$2.78		\$2.47			
CMA Allowed Per Diem (After Growth Allowance)			\$155.22	\$72.96		\$18.79	\$23.56		\$20.97	\$ 2.60	13.94	\$2.40
Quarterly Facility Case Mix Index for Medicaid Residents				<u>1.2583</u>							(FRV Rate)	
Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem				\$91.81								
Quarterly Medicaid CMA Allowed Per Diem			\$174.07	\$91.81		\$18.79	\$23.56		\$20.97	\$2.60	\$13.94	\$2.40
Quarterly Per Diem Add-On Amounts												
BIMS Add-on Per Diem = 2.5% to Routine Svcs)			\$2.30	\$2.30								
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%			\$2.75	\$2.75								
Nursing Home Provider Fee			\$17.10						17.10			
Total Quarterly Per Diem Add-On Amounts			\$22.15									
<b>Quarterly Case Mix Based Per Diem Rate</b>			<b>\$196.22</b>	<b>\$96.86</b>		<b>\$18.79</b>	<b>\$23.56</b>		<b>\$38.07</b>	<b>\$2.60</b>	<b>\$13.94</b>	<b>\$2.40</b>
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%		\$134.34										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

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<div> <div> Provider: <b>Calhoun Health Care Center</b>  Prvdr ID: <b>00140577A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score 36.5%  Nurse Hours per On-Site Day/Quality Incentive: 3.32 </div> <div> Facility Score  Add-on Percent  13.37%  2.5%  2.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.3183  Quarterly Medicaid CMI: 1.4288  Qtrly Mcaid CMI w RUG Wght Options: 1.4542 </div> <div> Facility Specific  State-wide  1.3617  1.5382  1.5656 </div> </div> <div> Case Mix Per Diem Rate Effective Date: 4/1/2021  MDS &amp; Nurse Hrs Data per Quarter Ending: 12/31/20 </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpg	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,448,586	\$2,214,000	\$0	\$504,885	\$287,774	\$342,274	\$718,410	\$109,590	\$271,653	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$175,369)	(\$308)	\$0	\$2,259	\$0	(\$7,447)	(\$171,454)		(\$18,195)	\$19,776
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,273,217	\$2,213,692	\$0	\$507,144	\$287,774	\$334,827	\$546,956	\$109,590	\$253,458	\$19,776
8	Total Nursing Facility Days As Filed Days = 34,715	FY12 Audited C/R Days	34,715									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,375	FY 18 GL-PL Ins Rpt Days								29,375		
10	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$123.67	\$63.77	\$0.00	\$14.61	\$17.93	(with L&H)	\$15.76	\$3.73	\$7.30	\$0.57
11	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3183								
12	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.37								
13	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$48.37	\$0.00	\$14.61	\$17.93		\$15.76	\$3.73	\$7.30	\$0.57
14	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
15	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$108.41	\$48.37	\$0.00	\$14.61	\$17.93		\$15.76	\$3.73	7.44 (FRV)	\$0.57
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
16	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$12.93	\$6.47	\$0.00	\$1.95	\$2.40	\$0.00	\$2.11	N/A	N/A	N/A
17	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$121.34	\$54.84	\$0.00	\$16.56	\$20.33	\$0.00	\$17.87	\$3.73	\$7.44	\$0.57
18	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4542								
19	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$79.75								
20	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$146.25	\$79.75	\$0.00	\$16.56	\$20.33	\$0.00	\$17.87	\$3.73	\$7.44	\$0.57
<b>Quarterly Per Diem Add-on Amounts</b>												
21	Efficiency Add-on Per Diem ((Sind - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
22	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.99	\$1.99								
23	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.60	\$1.60								
24	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
25	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.22	\$4.12	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
26	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$168.47	\$83.87	\$0.00	\$16.78	\$20.74	\$0.00	\$35.34	\$3.73	\$7.44	\$0.57
27	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$113.53									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Calhoun Nursing Home</b>  Prvdr ID: <b>00140478A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score 43.1%  Nurse Hours per On-Site Day/Quality Incentive: 4.07 </div> <div> Facility Score  Add-on Percent  13.37%  2.5%  2.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.2873  Quarterly Medicaid CMI: 1.7707  Qtrly Mcaid CMI w RUG Wght Options: 1.8052 </div> <div> Facility Specific  1.2873  1.7707  1.8052 </div> <div> State-wide  1.3617  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,577,908	\$992,232	\$0	\$359,440	\$239,508	\$159,018	\$685,581	\$90,750	\$51,379	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$30,402)	\$171,759	\$0	\$38,558	(\$3,482)	\$5,216	(\$233,627)		(\$17,027)	\$8,201
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,547,506	\$1,163,991	\$0	\$397,998	\$236,026	\$164,234	\$451,954	\$90,750	\$34,352	\$8,201
8	Total Nursing Facility Days As Filed Days = 17,931	FY12 Audited C/R Days	17,931									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,632	FY 18 GL-PL Ins Rpt Days								21,632		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$141.23	\$64.92	\$0.00	\$22.20	\$22.32	(with L&H)	\$25.21	\$4.20	\$1.92	\$0.46
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2873								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.43								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$50.43	\$0.00	\$22.20	\$22.32		\$25.21	\$4.20	\$1.92	\$0.46
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$134.31	\$50.43	\$0.00	\$22.20	\$22.32		\$20.56	\$4.20	14.14 (FRV)	\$0.46
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$15.44	\$6.74	\$0.00	\$2.97	\$2.98	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$149.75	\$57.17	\$0.00	\$25.17	\$25.30	\$0.00	\$23.31	\$4.20	\$14.14	\$0.46
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8052								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.20								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$195.78	\$103.20	\$0.00	\$25.17	\$25.30	\$0.00	\$23.31	\$4.20	\$14.14	\$0.46
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Awd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.58	\$2.58								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.06	\$2.06								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.90	\$5.17	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$218.68	\$108.37	\$0.00	\$25.39	\$25.71	\$0.00	\$40.41	\$4.20	\$14.14	\$0.46
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$151.19									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY13 Cost Report Data

FINAL

<div> <div> Provider: <b>Cambridge Post Acute Care Center</b>  Prvdr ID: <b>00494139A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 35.5%  Nurse Hours per On-Site Day/Quality Incentive: 2.87 </div> <div> Facility Score: N/A  Add-on Percent: 13.37%  2.5%  2.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.4991  Quarterly Medicaid CMI: 1.6341  Qtrly Mcaid CMI w RUG Wght Options: 1.6636 </div> <div> Facility Specific: 1.4991  1.6341  1.6636 </div> <div> State-wide: 1.3699  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY13 C/R	\$8,670,898	\$3,335,176	\$0	\$738,448	\$335,832	\$391,662	\$1,311,902	\$185,098	\$2,372,780	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmnts	(\$97,723)	\$0	\$0	\$0	\$0	\$0	(\$97,723)		(\$72,835)	\$72,835
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$8,573,175	\$3,335,176	\$0	\$738,448	\$335,832	\$391,662	\$1,214,179	\$185,098	\$2,299,945	\$72,835
8	Total Nursing Facility Days As Filed Days = 48,462	FY13 Audited C/R Days	48,462									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 48,366	FY 18 GL-PL Ins Rpt Days								48,366		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$176.91	\$68.82	\$0.00	\$15.24	\$15.01	(with L&H)	\$25.05	\$3.83	\$47.46	\$1.50
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.4991								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$45.91								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$45.91	\$0.00	\$15.24	\$15.01		\$25.05	\$3.83	\$47.46	\$1.50
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.90	\$0.00	\$19.14	\$23.27		\$23.46	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$117.39	\$45.91	\$0.00	\$15.24	\$15.01		\$23.46	\$3.83	12.44 (FRV)	\$1.50
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
15	Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Allwnc %	\$13.33	\$6.14	\$0.00	\$2.04	\$2.01	\$0.00	\$3.14	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$130.72	\$52.05	\$0.00	\$17.28	\$17.02	\$0.00	\$26.60	\$3.83	\$12.44	\$1.50
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6636								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.59								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$165.26	\$86.59	\$0.00	\$17.28	\$17.02	\$0.00	\$26.60	\$3.83	\$12.44	\$1.50
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.16	\$2.16								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.73	\$1.73								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.15	\$4.42	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$187.41	\$91.01	\$0.00	\$17.50	\$17.43	\$0.00	\$43.70	\$3.83	\$12.44	\$1.50
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$127.73									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Camellia Gardens of Life Care</b>  Prvdr ID: <b>00366341A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 28.2%  Nurse Hours per On-Site Day/Quality Incentive: 3.79 </div> <div> Add-on Percent  13.37%  1.0%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.3243  Quarterly Medicaid CMI: 0.9923  Qtrly Mcaid CMI w RUG Wght Options: 0.9988 </div> <div> Facility Specific  1.3243  0.9923  0.9988 </div> <div> State-wide  1.3617  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,880,021	\$2,006,148	\$0	\$468,534	\$204,746	\$226,238	\$729,603	\$63,529	\$181,223	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstms	(\$7,229)	\$0	\$0	(\$1,808)	\$12,132	\$15,147	(\$43,440)		(\$19,001)	\$29,741
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,872,792	\$2,006,148	\$0	\$466,726	\$216,878	\$241,385	\$686,163	\$63,529	\$162,222	\$29,741
8	Total Nursing Facility Days As Filed Days = 27,555	FY12 Audited C/R Days	27,555									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,513	FY 18 GL-PL Ins Rpt Days								27,513		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$140.56	\$72.81	\$0.00	\$16.94	\$16.63	(with L&H)	\$24.90	\$2.31	\$5.89	\$1.08
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3243								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.98								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$54.98	\$0.00	\$16.94	\$16.63		\$24.90	\$2.31	\$5.89	\$1.08
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$120.59	\$54.98	\$0.00	\$16.94	\$16.63		\$20.56	\$2.31	8.09 (FRV)	\$1.08
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14.58	\$7.35	\$0.00	\$2.26	\$2.22	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$135.17	\$62.33	\$0.00	\$19.20	\$18.85	\$0.00	\$23.31	\$2.31	\$8.09	\$1.08
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		0.9988								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$62.26								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$135.10	\$62.26	\$0.00	\$19.20	\$18.85	\$0.00	\$23.31	\$2.31	\$8.09	\$1.08
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Snd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.62	\$0.62								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.87	\$1.87								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.75	\$3.02	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$155.85	\$65.28	\$0.00	\$19.42	\$19.26	\$0.00	\$40.41	\$2.31	\$8.09	\$1.08
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$104.06									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Camellia Hlth &amp; Rehab</b>  Prvdr ID: <b>00140588A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 56.1%  Nurse Hours per On-Site Day/Quality Incentive: 3.06 </div> <div> Facility Score: N/A  Add-on Percent: 13.37%  5.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.3516  Quarterly Medicaid CMI: 1.6726  Qtrly Mcaid CMI w RUG Wght Options: 1.7026 </div> <div> Facility Specific: 1.3516  1.6726  1.7026 </div> <div> State-wide: 1.3617  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,026,940	\$1,592,432	\$0	\$345,008	\$167,289	\$228,586	\$436,294	\$100,435	\$156,896	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$33,919)	\$0	\$0	(\$1,817)	\$0	\$0	(\$33,919)		(\$16,377)	\$18,194
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,993,022	\$1,592,432	\$0	\$343,191	\$167,289	\$228,586	\$402,375	\$100,435	\$140,519	\$18,194
8	Total Nursing Facility Days As Filed Days = 22,188	FY12 Audited C/R Days	22,188									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,848	FY 18 GL-PL Ins Rpt Days								23,848		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$134.57	\$71.77	\$0.00	\$15.47	\$17.84	(with L&H)	\$18.13	\$4.21	\$6.33	\$0.82
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<b>1.3516</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.10								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$53.10	\$0.00	\$15.47	\$17.84		\$18.13	\$4.21	\$6.33	\$0.82
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$118.19	\$53.10	\$0.00	\$15.47	\$17.84		\$18.13	\$4.21	8.62 (FRV)	\$0.82
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Atlwnc %	\$13.98	\$7.10	\$0.00	\$2.07	\$2.39	\$0.00	\$2.42	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$132.17	\$60.20	\$0.00	\$17.54	\$20.23	\$0.00	\$20.55	\$4.21	\$8.62	\$0.82
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.7026</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.50								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.47	\$102.50	\$0.00	\$17.54	\$20.23	\$0.00	\$20.55	\$4.21	\$8.62	\$0.82
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.64	\$5.64								
22	Nurse Staff Hrs / Quality Add-on Per Diem: <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.08	\$3.08								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.35	\$9.25	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$201.82</b>	<b>\$111.75</b>	<b>\$0.00</b>	<b>\$17.76</b>	<b>\$20.64</b>	<b>\$0.00</b>	<b>\$38.02</b>	<b>\$4.21</b>	<b>\$8.62</b>	<b>\$0.82</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$138.54</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Candler Hospital Sub-Acute Unit</b>  Prvdr ID: <b>00870911A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 0.0%  Nurse Hours per On-Site Day/Quality Incentive: 8.57 </div> <div> Facility Score: N/A  Add-on Percent: 13.37%  0.0%  0.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 2.3318  Quarterly Medicaid CMI: 2.3160  Qtrly Mcaid CMI w RUG Wght Options: 2.3620 </div> <div> Facility Specific: 1.3617  1.5382  1.5656 </div> <div> State-wide: </div> </div>												
Case Mix Per Diem Rate Effective Date: 4/1/2021												
MDS & Nurse Hrs Data per Quarter Ending: 12/31/20												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$1,470,516	\$639,844	\$0	\$65,806	\$57,730	\$95,218	\$352,979	\$7,493	\$251,446	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$10,246)	\$0	\$0	\$0	\$0	\$0	(\$10,246)		(\$5,552)	\$5,552
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$1,460,270	\$639,844	\$0	\$65,806	\$57,730	\$95,218	\$342,733	\$7,493	\$245,894	\$5,552
8	Total Nursing Facility Days As Filed Days = 3,234	FY12 Audited C/R Days	3,234									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 2,890	FY 18 GL-PL Ins Rpt Days								2,890		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$451.81	\$197.85	\$0.00	\$20.35	\$47.29	(with L&H)	\$105.98	\$2.59	\$76.03	\$1.72
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		2.3318								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$84.85								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$84.85	\$0.00	\$20.35	\$47.29		\$105.98	\$2.59	\$76.03	\$1.72
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$163.24	\$71.51	\$0.00	\$20.35	\$23.09		\$20.56	\$2.59	23.42 (FRV)	\$1.72
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Alwnc %	\$18.12	\$9.56	\$0.00	\$2.72	\$3.09	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$181.36	\$81.07	\$0.00	\$23.07	\$26.18	\$0.00	\$23.31	\$2.59	\$23.42	\$1.72
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		2.3620								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$191.49								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$291.78	\$191.49	\$0.00	\$23.07	\$26.18	\$0.00	\$23.31	\$2.59	\$23.42	\$1.72
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Sind - Awd] x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 0.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$0.00	\$0.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.32	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$309.10	\$191.49	\$0.00	\$23.29	\$26.18	\$0.00	\$40.41	\$2.59	\$23.42	\$1.72
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$219.00									



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Canton Nursing Center, Inc.</b>  Prvdr ID: <b>00140511A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 57.6%  Nurse Hours per On-Site Day/Quality Incentive: 3.58 </div> <div> Facility Score: N/A  Add-on Percent: 13.37%  5.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.3680  Quarterly Medicaid CMI: 1.3205  Qtrly Mcaid CMI w RUG Wght Options: 1.3376 </div> <div> Facility Specific: 1.3680  State-wide: 1.3617  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,071,886	\$2,528,059	\$0	\$591,650	\$372,707	\$417,020	\$912,388	\$101,926	\$148,136	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$201,297)	\$0	\$0	\$0	\$0	\$15,281	(\$216,578)		(\$36,799)	\$36,799
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,870,589	\$2,528,059	\$0	\$591,650	\$372,707	\$432,301	\$695,810	\$101,926	\$111,337	\$36,799
8	Total Nursing Facility Days As Filed Days = 33,792	FY12 Audited C/R Days	33,792									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,521	FY 18 GL-PL Ins Rpt Days								30,521		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$144.45	\$74.81	\$0.00	\$17.51	\$23.82	(with L&H)	\$20.59	\$3.34	\$3.29	\$1.09
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3680								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.68								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$54.68	\$0.00	\$17.51	\$23.82		\$20.59	\$3.34	\$3.29	\$1.09
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$130.83	\$54.68	\$0.00	\$17.51	\$23.09		\$20.56	\$3.34	10.56 (FRV)	\$1.09
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Alwnc %	\$15.49	\$7.31	\$0.00	\$2.34	\$3.09	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$146.32	\$61.99	\$0.00	\$19.85	\$26.18	\$0.00	\$23.31	\$3.34	\$10.56	\$1.09
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3376								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.92								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$167.25	\$82.92	\$0.00	\$19.85	\$26.18	\$0.00	\$23.31	\$3.34	\$10.56	\$1.09
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Snd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.56	\$4.56								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.49	\$2.49								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.90	\$7.58	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$192.15	\$90.50	\$0.00	\$20.07	\$26.18	\$0.00	\$40.41	\$3.34	\$10.56	\$1.09
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$131.29									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

**FINAL**

<div> <div> Provider: <b>Carrollton Manor, Inc.</b>  Prvdr ID: <b>00140852A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 39.7%  Nurse Hours per On-Site Day/Quality Incentive: 2.81 </div> <div> Facility Score: N/A  Add-on Percent: 13.37%  2.5%  2.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.3067  Quarterly Medicaid CMI: 1.5464  Qtrly Mcaid CMI w RUG Wght Options: 1.5731 </div> <div> Facility Specific: 1.3067  1.5464  1.5731 </div> <div> State-wide: 1.3617  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,595,654	\$2,333,134	\$0	\$598,067	\$317,522	\$207,390	\$737,203	\$122,627	\$279,711	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$139,226)	(\$6,955)	\$0	\$0	\$949	\$620	(\$120,974)		(\$49,231)	\$36,365
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,456,428	\$2,326,179	\$0	\$598,067	\$318,471	\$208,010	\$616,229	\$122,627	\$230,480	\$36,365
8	Total Nursing Facility Days As Filed Days = 35,484	FY12 Audited C/R Days	35,484									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,047	FY 18 GL-PL Ins Rpt Days								34,047		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$125.74	\$65.56	\$0.00	\$16.85	\$14.84	(with L&H)	\$17.37	\$3.60	\$6.50	\$1.02
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3067								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.17								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$50.17	\$0.00	\$16.85	\$14.84		\$17.37	\$3.60	\$6.50	\$1.02
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$114.90	\$50.17	\$0.00	\$16.85	\$14.84		\$17.37	\$3.60	11.05 (FRV)	\$1.02
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$13.26	\$6.71	\$0.00	\$2.25	\$1.98	\$0.00	\$2.32	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$128.16	\$56.88	\$0.00	\$19.10	\$16.82	\$0.00	\$19.69	\$3.60	\$11.05	\$1.02
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5731								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.48								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$160.76	\$89.48	\$0.00	\$19.10	\$16.82	\$0.00	\$19.69	\$3.60	\$11.05	\$1.02
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([SInd - Atwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.24	\$2.24								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.79	\$1.79								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.66	\$4.56	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$183.42</b>	<b>\$94.04</b>	<b>\$0.00</b>	<b>\$19.32</b>	<b>\$17.23</b>	<b>\$0.00</b>	<b>\$37.16</b>	<b>\$3.60</b>	<b>\$11.05</b>	<b>\$1.02</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$124.74</b>									

**Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY14 Cost Report Data**

**FINAL**

Provider: <b>Carrollton Nursing and Rehab Center</b>				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00059661A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>	Growth Allowance: <b>N/A</b>	13.37%	Qtrly BIMS score: <b>26.3%</b>	1.0%	Base Period Overall CMI: <b>1.3832</b>			1.4014		
		MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/20</b>	Nurse Hours per On-Site Day/Quality Incentive: <b>3.19</b>	3.0%	Qtrly Mcaid CMI w RUG Wght Options: <b>1.5456</b>	1.5382	1.5656					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY 14 C/R - FY 18 GL-PL Rpt	\$3,865,790	\$2,102,841	\$0	\$345,554	\$166,115	\$156,223	\$579,814	\$14,319	\$500,924	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY14 C/R Audit Adjstmnts	(\$25,017)	\$5,938	\$0	\$0	(\$3,597)	(\$1,986)	(\$14,530)		(\$26,320)	\$15,478
7	Cost Center Costs After Audit Adjustments	FY14 Audited C/R	\$3,840,773	\$2,108,779	\$0	\$345,554	\$162,518	\$154,237	\$565,284	\$14,319	\$474,604	\$15,478
8	Total Nursing Facility Days As Filed Days = 21,792	FY14 Audited C/R Days	21,792									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,303	FY 18 GL-PL Ins Rpt Days								40,303		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$175.96	\$96.77	\$0.00	\$15.86	\$14.54	(with L&H)	\$25.94	\$0.36	\$21.78	\$0.71
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.3832								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.96								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$69.96	\$0.00	\$15.86	\$14.54		\$25.94	\$0.36	\$21.78	\$0.71
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.31	\$0.00	\$19.52	\$23.55		\$24.02	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$133.45	\$69.96	\$0.00	\$15.86	\$14.54		\$24.02	\$0.36	8.00 (FRV)	\$0.71
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Allwnc %	\$16.62	\$9.35	\$0.00	\$2.12	\$1.94	\$0.00	\$3.21	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$150.07	\$79.31	\$0.00	\$17.98	\$16.48	\$0.00	\$27.23	\$0.36	\$8.00	\$0.71
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5456								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$122.58								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193.34	\$122.58	\$0.00	\$17.98	\$16.48	\$0.00	\$27.23	\$0.36	\$8.00	\$0.71
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Actd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.23	\$1.23								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$3.68	\$3.68								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.17	\$5.44	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$216.51	\$128.02	\$0.00	\$18.20	\$16.89	\$0.00	\$44.33	\$0.36	\$8.00	\$0.71
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$149.56									

**Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data**

**FINAL**

<div> <div> Provider: <b>Cartersville Heights Care and Rehab</b>  Prvdr ID: <b>00143085A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 26.9%  Nurse Hours per On-Site Day/Quality Incentive: 3.71 </div> <div> Facility Score  Add-on Percent  13.37%  1.0%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.5517  Quarterly Medicaid CMI: 1.5441  Qtrly Mcaid CMI w RUG Wght Options: 1.5716 </div> <div> Facility Specific  State-wide  1.5517  1.5382  1.5656 </div> </div> <div> Case Mix Per Diem Rate Effective Date: 4/1/2021  MDS &amp; Nurse Hrs Data per Quarter Ending: 12/31/20 </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,797,818	\$2,723,918	\$0	\$556,988	\$201,428	\$349,287	\$1,192,274	\$89,044	\$684,879	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$446,219)	(\$167,884)	\$0	(\$8,600)	\$21,477	(\$43,246)	(\$248,121)		(\$29,349)	\$29,504
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,351,599	\$2,556,034	\$0	\$548,388	\$222,905	\$306,041	\$944,153	\$89,044	\$655,530	\$29,504
8	Total Nursing Facility Days As Filed Days = 40,662	FY12 Audited C/R Days	40,662									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,774	FY 18 GL-PL Ins Rpt Days								41,774		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$131.56	\$62.86	\$0.00	\$13.49	\$13.01	(with L&H)	\$23.22	\$2.13	\$16.12	\$0.73
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.5517</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$40.51								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$40.51	\$0.00	\$13.49	\$13.01		\$23.22	\$2.13	\$16.12	\$0.73
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$102.68	\$40.51	\$0.00	\$13.49	\$13.01		\$20.56	\$2.13	12.25 (FRV)	\$0.73
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Altwnc %	\$11.71	\$5.42	\$0.00	\$1.80	\$1.74	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$114.39	\$45.93	\$0.00	\$15.29	\$14.75	\$0.00	\$23.31	\$2.13	\$12.25	\$0.73
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.5716</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$72.18								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$140.64	\$72.18	\$0.00	\$15.29	\$14.75	\$0.00	\$23.31	\$2.13	\$12.25	\$0.73
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.72	\$0.72								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.17	\$2.17								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.15	\$3.42	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$161.79</b>	<b>\$75.60</b>	<b>\$0.00</b>	<b>\$15.51</b>	<b>\$15.16</b>	<b>\$0.00</b>	<b>\$40.41</b>	<b>\$2.13</b>	<b>\$12.25</b>	<b>\$0.73</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$108.52</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Cedar Springs Health and Rehab Center</b>  Prvdr ID: <b>00140544A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 10.2%  Nurse Hours per On-Site Day/Quality Incentive: 6.77 </div> <div> Facility Score  Add-on Percent  13.37%  0.0%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.5659  Quarterly Medicaid CMI: 1.6931  Qtrly Mcaid CMI w RUG Wght Options: 1.7257 </div> <div> Facility Specific  1.5659  1.6931  1.7257 </div> <div> State-wide  1.3617  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,111,747	\$2,337,174	\$0	\$455,786	\$316,118	\$295,189	\$546,945	\$136,420	\$24,115	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$57,612)	(\$6,757)	\$0	\$0	(\$1,390)	(\$7,287)	(\$49,254)		(\$15,507)	\$22,583
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,054,135	\$2,330,417	\$0	\$455,786	\$314,728	\$287,902	\$497,691	\$136,420	\$8,608	\$22,583
8	Total Nursing Facility Days As Filed Days = 32,082	FY12 Audited C/R Days	32,082									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,152	FY 18 GL-PL Ins Rpt Days								24,152		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$127.76	\$72.64	\$0.00	\$14.21	\$18.78	(with L&H)	\$15.51	\$5.65	\$0.27	\$0.70
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<b>1.5659</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.39								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$46.39	\$0.00	\$14.21	\$18.78		\$15.51	\$5.65	\$0.27	\$0.70
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$109.41	\$46.39	\$0.00	\$14.21	\$18.78		\$15.51	\$5.65	8.17 (FRV)	\$0.70
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$12.68	\$6.20	\$0.00	\$1.90	\$2.51	\$0.00	\$2.07	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$122.09	\$52.59	\$0.00	\$16.11	\$21.29	\$0.00	\$17.58	\$5.65	\$8.17	\$0.70
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.7257</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.75								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$160.25	\$90.75	\$0.00	\$16.11	\$21.29	\$0.00	\$17.58	\$5.65	\$8.17	\$0.70
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((SInd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.72	\$2.72								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.35	\$3.25	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$181.60</b>	<b>\$94.00</b>	<b>\$0.00</b>	<b>\$16.33</b>	<b>\$21.70</b>	<b>\$0.00</b>	<b>\$35.05</b>	<b>\$5.65</b>	<b>\$8.17</b>	<b>\$0.70</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$123.38</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY14 Cost Report Data

FINAL

Provider: <b>Cedar Valley Nursing and Rehab Center</b>				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: <b>00142557A</b>				Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>		Growth Allowance: <b>N/A</b>	13.37%	Base Period Overall CMI: <b>1.4235</b>				1.4235	1.4014
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/20</b>				Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score <b>39.0%</b>	2.5%	Quarterly Medicaid CMI: <b>1.6673</b>				1.6673	1.5382
						3.18	3.0%	Qtrly Mcaid CMI w RUG Wght Options: <b>1.6973</b>				1.6973	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatins & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g		h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY 14 C/R - FY 18 GL-PL Rpt	\$2,218,532	\$1,082,784	\$0	\$196,985	\$116,921	\$109,719	\$403,891	\$9,005	\$299,227	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY14 C/R Audit Adjstmnts	\$16,961	\$0	\$0	\$0	\$1,494	(\$819)	\$12,568		(\$10,759)	\$14,477	
7	Cost Center Costs After Audit Adjustments	FY14 Audited C/R	\$2,235,493	\$1,082,784	\$0	\$196,985	\$118,415	\$108,900	\$416,459	\$9,005	\$288,468	\$14,477	
8	Total Nursing Facility Days	As Filed Days = 13,755											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 28,887											
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$162.18	\$78.72	\$0.00	\$14.32	\$16.53	(with L&H)	\$30.28	\$0.31	\$20.97	\$1.05	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.4235									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.30									
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.30	\$0.00	\$14.32	\$16.53		\$30.28	\$0.31	\$20.97	\$1.05	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.31	\$0.00	\$19.52	\$23.55		\$24.02	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$120.69	\$55.30	\$0.00	\$14.32	\$16.53		\$24.02	\$0.31	9.16	\$1.05	
											(FRV)		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Allwnc %	\$14.72	\$7.39	\$0.00	\$1.91	\$2.21	\$0.00	\$3.21	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$135.41	\$62.69	\$0.00	\$16.23	\$18.74	\$0.00	\$27.23	\$0.31	\$9.16	\$1.05	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6973									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.40									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$179.12	\$106.40	\$0.00	\$16.23	\$18.74	\$0.00	\$27.23	\$0.31	\$9.16	\$1.05	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([SInd - Ahtwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.66	\$2.66									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.19	\$3.19									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.11	\$6.38	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$203.23	\$112.78	\$0.00	\$16.45	\$19.15	\$0.00	\$44.33	\$0.31	\$9.16	\$1.05	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$139.60										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Chaplinwood Health &amp; Rehab</b>  Prvdr ID: <b>00059694A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 25.8%  Nurse Hours per On-Site Day/Quality Incentive: 3.15 </div> <div> Facility Score  Add-on Percent  13.37%  1.0%  2.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.3992  Quarterly Medicaid CMI: 1.3506  Qtrly Mcaid CMI w RUG Wght Options: 1.3708 </div> <div> Facility Specific  1.3992  1.3506  1.3708 </div> <div> State-wide  1.3617  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskprng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,389,830	\$2,274,044	\$0	\$395,614	\$242,480	\$328,747	\$570,679	\$95,889	\$482,377	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$18,406)	\$0	\$0	(\$1,462)	\$0	\$0	(\$18,406)		(\$21,592)	\$23,054
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,371,424	\$2,274,044	\$0	\$394,152	\$242,480	\$328,747	\$552,273	\$95,889	\$460,785	\$23,054
8	Total Nursing Facility Days As Filed Days = 28,038	FY12 Audited C/R Days	28,038									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,415	FY 18 GL-PL Ins Rpt Days								33,415		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$155.36	\$81.11	\$0.00	\$14.06	\$20.37	(with L&H)	\$19.70	\$2.87	\$16.43	\$0.82
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3992								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.97								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$57.97	\$0.00	\$14.06	\$20.37		\$19.70	\$2.87	\$16.43	\$0.82
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.22	\$57.97	\$0.00	\$14.06	\$20.37		\$19.70	\$2.87	10.43 (FRV)	\$0.82
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Althnc %	\$14.98	\$7.75	\$0.00	\$1.88	\$2.72	\$0.00	\$2.63	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.20	\$65.72	\$0.00	\$15.94	\$23.09	\$0.00	\$22.33	\$2.87	\$10.43	\$0.82
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3708								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.09								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$165.57	\$90.09	\$0.00	\$15.94	\$23.09	\$0.00	\$22.33	\$2.87	\$10.43	\$0.82
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Sind - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.90	\$0.90								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.80	\$1.80								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.33	\$3.23	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$186.90	\$93.32	\$0.00	\$16.16	\$23.50	\$0.00	\$39.80	\$2.87	\$10.43	\$0.82
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$127.35									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Chatsworth Health Care Center</b>  Prvdr ID: <b>00209778A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 35.4%  Nurse Hours per On-Site Day/Quality Incentive: 3.08 </div> <div> Facility Score  Add-on Percent  13.37%  2.5%  2.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.2919  Quarterly Medicaid CMI: 1.9045  Qtrly Mcaid CMI w RUG Wght Options: 1.9421 </div> <div> Facility Specific  State-wide  1.2919  1.3617  1.9045  1.5382  1.9421  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,842,312	\$2,481,858	\$0	\$519,904	\$333,861	\$326,302	\$829,145	\$131,033	\$220,209	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstnts	(\$202,818)	(\$5,597)	\$0	\$0	\$0	\$0	(\$197,221)		(\$51,788)	\$51,788
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,639,494	\$2,476,261	\$0	\$519,904	\$333,861	\$326,302	\$631,924	\$131,033	\$168,421	\$51,788
8	Total Nursing Facility Days As Filed Days = 34,749	FY12 Audited C/R Days	34,749									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,941	FY 18 GL-PL Ins Rpt Days								39,941		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$133.03	\$71.26	\$0.00	\$14.96	\$19.00	(with L&H)	\$18.19	\$3.28	\$4.85	\$1.49
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2919								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.16								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.16	\$0.00	\$14.96	\$19.00		\$18.19	\$3.28	\$4.85	\$1.49
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$120.74	\$55.16	\$0.00	\$14.96	\$19.00		\$18.19	\$3.28	8.66 (FRV)	\$1.49
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Altwnc %	\$14.34	\$7.37	\$0.00	\$2.00	\$2.54	\$0.00	\$2.43	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$135.08	\$62.53	\$0.00	\$16.96	\$21.54	\$0.00	\$20.62	\$3.28	\$8.66	\$1.49
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.9421								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.44								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193.99	\$121.44	\$0.00	\$16.96	\$21.54	\$0.00	\$20.62	\$3.28	\$8.66	\$1.49
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.04	\$3.04								
22	Nurse Staff Hrs / Quality Add-on Per Diem: 2.0% (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$2.43	\$2.43								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.10	\$6.00	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$218.09	\$127.44	\$0.00	\$17.18	\$21.95	\$0.00	\$38.09	\$3.28	\$8.66	\$1.49
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$150.74									



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Chatuge Regional Nursing Home</b>  Prvdr ID: <b>00143338A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score 35.0%  Nurse Hours per On-Site Day/Quality Incentive: 3.81 </div> <div> Facility Score  Add-on Percent  13.37%  2.5%  2.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.2895  Quarterly Medicaid CMI: 1.7189  Qtrly Mcaid CMI w RUG Wght Options: 1.7484 </div> <div> Facility Specific  State-wide  1.2895  1.3617  1.7189  1.5382  1.7484  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>Hosp Based</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,466,869	\$3,483,271	\$0	\$1,088,008	\$466,107	\$462,253	\$671,707	\$82,094	\$213,429	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$103,659)	(\$32,041)	\$0	\$4,510	\$0	\$1,581	(\$77,709)		\$0	\$0
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,363,210	\$3,451,230	\$0	\$1,092,518	\$466,107	\$463,834	\$593,998	\$82,094	\$213,429	\$0
8	Total Nursing Facility Days As Filed Days = 40,036	FY12 Audited C/R Days	40,036									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,599	FY 18 GL-PL Ins Rpt Days								39,599		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$158.96	\$86.20	\$0.00	\$27.29	\$23.23	(with L&H)	\$14.84	\$2.07	\$5.33	\$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<b>1.2895</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.85								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$66.85	\$0.00	\$27.29	\$23.23		\$14.84	\$2.07	\$5.33	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$144.27	\$66.85	\$0.00	\$27.29	\$23.09		\$14.84	\$2.07	10.13 (FRV)	\$0.00
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Alhmc %	\$17.66	\$8.94	\$0.00	\$3.65	\$3.09	\$0.00	\$1.98	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$161.93	\$75.79	\$0.00	\$30.94	\$26.18	\$0.00	\$16.82	\$2.07	\$10.13	\$0.00
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.7484</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$132.51								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$218.65	\$132.51	\$0.00	\$30.94	\$26.18	\$0.00	\$16.82	\$2.07	\$10.13	\$0.00
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem (IStd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.31	\$3.31								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.65	\$2.65								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.18	\$6.49	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$242.83</b>	<b>\$139.00</b>	<b>\$0.00</b>	<b>\$31.16</b>	<b>\$26.18</b>	<b>\$0.00</b>	<b>\$34.29</b>	<b>\$2.07</b>	<b>\$10.13</b>	<b>\$0.00</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$169.30</b>									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Chelsey Park H&R Prvdr ID: 003165720A H/B ? : No			Case Mix Per Diem Rate Effective Date: 04/01/21 MDS & Nurse Hrs Data per Quarter Ending: 12/31/20			Add-on Data and Percentages Growth Allowance: N/A BIMS: 24.4% Nurse Hours per On-Site Day/Quality Incentive: 3.21			Facility Score: N/A Add-on Percent: 13.37% 1.0% 3.0%			Case Mix Index (CMI) Data Base Period Overall CMI: 1.4386 Quarterly Medicaid CMI: 1.4651 Qtrly Mcaid CMI w RUG Wght Options: 1.5713			Facility Specific Use Stwd: 1.3617 1.5438 1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance				
			a	b	c	d	e	f	g		h	i				
CASE MIX BASED RATE CALCULATIONS																
Cost Center Peer Groups per Selected Options				1	1	2	1	1	1							
Type of Facility within Peer Group				All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities							
Bed Size Range within Peer Group				All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes							
Peer Group Standards & Efficiency Measure Limits																
Peer Group Standards: Percentile				90.0%	90.0%	90.0%	85.0%		50.0%							
Peer Group Standards: Multiplier				100.0%	100.0%	100.0%	100.0%		105.0%							
Efficiency Measures (Maximums)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37							
Per Diem Costs and Add-ons																
GL-PL- Insurance Costs				FY2018 GL-PL Ins. Rpt												
Total Nursing Facility Days GL-PL Ins. Rpt				FY2018 GL-PL Ins. Rpt						\$ 56,831						
Standard Per Diem (After CMA for Routine Svcs)				FY 2012 Peer Group Limit						19,081						
Allowed @ 95% of Std				\$168.47	\$67.93	\$17.49	\$21.94		\$20.56		\$37.58	\$4.00				
Growth Allowance 13.4%				\$16.97	\$9.08	\$2.34	\$2.93		\$2.61		\$37.58	\$4.00				
CMA Allowed Per Diem (After Growth Allowance)				\$188.42	\$77.01	\$19.83	\$24.87		\$22.14	\$ 2.98	(FRV Rate)	\$4.00				
Quarterly Facility Case Mix Index for Medicaid Residents					1.4651											
Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem					\$112.83											
Quarterly Medicaid CMA Allowed Per Diem				\$224.23	\$112.83	\$19.83	\$24.87		\$22.14	\$2.98	\$37.58	\$4.00				
Quarterly Per Diem Add-On Amounts																
BIMS Add-on Per Diem = 1.0% (to Routine Svcs)				\$1.13	\$1.13											
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%				\$3.38	\$3.38											
Nursing Home Provider Fee				\$17.10					17.10							
Total Quarterly Per Diem Add-On Amounts				\$21.61												
Quarterly Case Mix Based Per Diem Rate				\$245.85	\$117.34	\$19.83	\$24.87		\$39.24	\$2.98	\$37.58	\$4.00				
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%				\$171.56												

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Cherry Blossom Health Care</b>  Prvdr ID: <b>00413509A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 20.8%  Nurse Hours per On-Site Day/Quality Incentive: 3.42 </div> <div> Facility Score  Add-on Percent  13.37%  1.0%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.2276  Quarterly Medicaid CMI: 1.6709  Qtrly Mcaid CMI w RUG Wght Options: 1.7028 </div> <div> Facility Specific  State-wide  1.2276  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,545,801	\$1,920,138	\$0	\$356,142	\$202,257	\$189,822	\$485,782	\$78,889	\$312,771	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$14,499)	\$0	\$0	(\$1,442)	\$0	\$0	(\$14,876)		(\$27,862)	\$29,681
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,531,302	\$1,920,138	\$0	\$354,700	\$202,257	\$189,822	\$470,906	\$78,889	\$284,909	\$29,681
8	Total Nursing Facility Days As Filed Days = 24,945	FY12 Audited C/R Days	24,945									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,659	FY 18 GL-PL Ins Rpt Days								25,659		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$141.47	\$76.97	\$0.00	\$14.22	\$15.72	(with L&H)	\$18.88	\$3.07	\$11.42	\$1.19
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2276								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.70								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$62.70	\$0.00	\$14.22	\$15.72		\$18.88	\$3.07	\$11.42	\$1.19
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$125.97	\$62.70	\$0.00	\$14.22	\$15.72		\$18.88	\$3.07	10.19 (FRV)	\$1.19
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14.90	\$8.38	\$0.00	\$1.90	\$2.10	\$0.00	\$2.52	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$140.87	\$71.08	\$0.00	\$16.12	\$17.82	\$0.00	\$21.40	\$3.07	\$10.19	\$1.19
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7028								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.04								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$190.83	\$121.04	\$0.00	\$16.12	\$17.82	\$0.00	\$21.40	\$3.07	\$10.19	\$1.19
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Akwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.21	\$1.21								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.63	\$3.63								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.47	\$5.37	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$214.30</b>	<b>\$126.41</b>	<b>\$0.00</b>	<b>\$16.34</b>	<b>\$18.23</b>	<b>\$0.00</b>	<b>\$38.87</b>	<b>\$3.07</b>	<b>\$10.19</b>	<b>\$1.19</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$147.90</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY14 Cost Report Data

FINAL

<div> <div> Provider: <b>Chestnut Ridge Nursing &amp; Rehabilitation Center</b>  Prvdr ID: <b>00228049A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 10.0%  Nurse Hours per On-Site Day/Quality Incentive: 2.83 </div> <div> Facility Score: N/A  Add-on Percent: 13.37%  0.0%  2.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.5075  Quarterly Medicaid CMI: 1.6962  Qtrly Mcaid CMI w RUG Wght Options: 1.7290 </div> <div> Facility Specific: 1.4014  1.5382  1.5656 </div> <div> State-wide </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY 14 C/R - FY 18 GL-PL Rpt	\$3,944,910	\$2,188,570	\$0	\$329,394	\$146,352	\$174,816	\$645,490	\$13,508	\$446,780	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY14 C/R Audit Adjstmts	(\$6,405)	(\$16,418)	\$0	\$0	\$3,624	\$89	(\$7,428)		\$664	\$13,064
7	Cost Center Costs After Audit Adjustments	FY14 Audited C/R	\$3,938,505	\$2,172,152	\$0	\$329,394	\$149,976	\$174,905	\$638,062	\$13,508	\$447,444	\$13,064
8	Total Nursing Facility Days As Filed Days = 24,050	FY14 Audited C/R Days	24,050									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 45,010	FY 18 GL-PL Ins Rpt Days								45,010		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$163.50	\$90.32	\$0.00	\$13.70	\$13.51	(with L&H)	\$26.53	\$0.30	\$18.60	\$0.54
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.5075								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.91								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$59.91	\$0.00	\$13.70	\$13.51		\$26.53	\$0.30	\$18.60	\$0.54
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.31	\$0.00	\$19.52	\$23.55		\$24.02	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$119.36	\$59.91	\$0.00	\$13.70	\$13.51		\$24.02	\$0.30	7.38 (FRV)	\$0.54
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Allwnc %	\$14.86	\$8.01	\$0.00	\$1.83	\$1.81	\$0.00	\$3.21	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$134.22	\$67.92	\$0.00	\$15.53	\$15.32	\$0.00	\$27.23	\$0.30	\$7.38	\$0.54
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7290								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.43								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$183.73	\$117.43	\$0.00	\$15.53	\$15.32	\$0.00	\$27.23	\$0.30	\$7.38	\$0.54
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem (IStd - Aktw) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.35	\$2.35								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.61	\$2.88	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$204.34	\$120.31	\$0.00	\$15.75	\$15.73	\$0.00	\$44.33	\$0.30	\$7.38	\$0.54
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$140.43									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Christian City Convalescent Center, Inc.</b>  Prvdr ID: <b>00158034A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 38.8%  Nurse Hours per On-Site Day/Quality Incentive: 3.71 </div> <div> Add-on Percent  13.37%  2.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.4851  Quarterly Medicaid CMI: 1.5103  Qtrly Mcaid CMI w RUG Wght Options: 1.5376 </div> <div> Facility Specific  1.4851  1.5103  1.5376 </div> <div> State-wide  1.3617  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$12,651,901	\$6,812,981	\$0	\$1,123,103	\$858,545	\$477,649	\$2,518,543	\$481,195	\$379,885	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$274,623)	\$0	\$0	\$0	(\$11,663)	(\$6,489)	(\$248,291)		(\$43,344)	\$35,164
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$12,377,278	\$6,812,981	\$0	\$1,123,103	\$846,882	\$471,160	\$2,270,252	\$481,195	\$336,541	\$35,164
8	Total Nursing Facility Days As Filed Days = 70,236	FY12 Audited C/R Days	70,236									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 68,828	FY 18 GL-PL Ins Rpt Days								68,828		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$176.36	\$97.00	\$0.00	\$15.99	\$18.77	(with L&H)	\$32.32	\$6.99	\$4.79	\$0.50
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4851								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.32								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$65.32	\$0.00	\$15.99	\$18.77		\$32.32	\$6.99	\$4.79	\$0.50
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$140.76	\$65.32	\$0.00	\$15.99	\$18.77		\$20.56	\$6.99	12.63 (FRV)	\$0.50
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$16.13	\$8.73	\$0.00	\$2.14	\$2.51	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$156.89	\$74.05	\$0.00	\$18.13	\$21.28	\$0.00	\$23.31	\$6.99	\$12.63	\$0.50
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5376								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.86								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$196.70	\$113.86	\$0.00	\$18.13	\$21.28	\$0.00	\$23.31	\$6.99	\$12.63	\$0.50
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.85	\$2.85								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$3.42	\$3.42								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$7.43	\$6.80	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$204.13</b>	<b>\$120.66</b>	<b>\$0.00</b>	<b>\$18.35</b>	<b>\$21.69</b>	<b>\$0.00</b>	<b>\$23.31</b>	<b>\$6.99</b>	<b>\$12.63</b>	<b>\$0.50</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$153.10</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Chulio Hills Health and Rehab Center</b>  Prvdr ID: <b>00143437A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score 30.6%  Nurse Hours per On-Site Day/Quality Incentive: 3.56 </div> <div> Facility Score  Add-on Percent  13.37%  2.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.2223  Quarterly Medicaid CMI: 1.9568  Qtrly Mcaid CMI w RUG Wght Options: 1.9949 </div> <div> Facility Specific  State-wide  1.2223  1.3617  1.9568  1.5382  1.9949  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%			105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,224,295	\$2,404,577	\$0	\$457,998	\$305,687	\$321,514	\$597,884	\$109,714	\$26,921	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$46,618)	(\$7,968)	\$0	\$0	\$0	(\$1,365)	(\$45,271)		(\$18,485)	\$26,471
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,177,677	\$2,396,609	\$0	\$457,998	\$305,687	\$320,149	\$552,613	\$109,714	\$8,436	\$26,471
8	Total Nursing Facility Days As Filed Days = 34,110	FY12 Audited C/R Days	34,110									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,250	FY 18 GL-PL Ins Rpt Days								33,250		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$122.57	\$70.26	\$0.00	\$13.43	\$18.35	(with L&H)	\$16.20	\$3.30	\$0.25	\$0.78
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2223								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.48								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$57.48	\$0.00	\$13.43	\$18.35		\$16.20	\$3.30	\$0.25	\$0.78
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$119.50	\$57.48	\$0.00	\$13.43	\$18.35		\$16.20	\$3.30	9.96 (FRV)	\$0.78
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14.11	\$7.69	\$0.00	\$1.80	\$2.45	\$0.00	\$2.17	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$133.61	\$65.17	\$0.00	\$15.23	\$20.80	\$0.00	\$18.37	\$3.30	\$9.96	\$0.78
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.9949								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$130.01								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$198.45	\$130.01	\$0.00	\$15.23	\$20.80	\$0.00	\$18.37	\$3.30	\$9.96	\$0.78
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem (Std - Alwdj x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.25	\$3.25								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.90	\$3.90								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.78	\$7.68	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$224.23	\$137.69	\$0.00	\$15.45	\$21.21	\$0.00	\$35.84	\$3.30	\$9.96	\$0.78
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$155.35									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Church Home Rehab &amp; Healthcare</b>  Prvdr ID: <b>00140467A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score 33.3%  Nurse Hours per On-Site Day/Quality Incentive: 4.35 </div> <div> Add-on Percent  13.37%  2.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.2835  Quarterly Medicaid CMI: 1.4131  Qtrly Mcaid CMI w RUG Wght Options: 1.4401 </div> <div> Facility Specific  1.2835  1.4131  1.4401 </div> <div> State-wide  1.3617  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operalns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,416,690	\$1,369,585	\$0	\$266,767	\$111,575	\$190,478	\$437,521	\$9,292	\$31,472	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$8,507)	\$0	\$0	\$0	(\$217)	(\$370)	(\$7,920)		(\$13,849)	\$13,849
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,408,183	\$1,369,585	\$0	\$266,767	\$111,358	\$190,108	\$429,601	\$9,292	\$17,623	\$13,849
8	Total Nursing Facility Days As Filed Days = 17,393	FY12 Audited C/R Days	17,393									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,255	FY 18 GL-PL Ins Rpt Days								26,255		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$138.27	\$78.74	\$0.00	\$15.34	\$17.33	(with L&H)	\$24.70	\$0.35	\$1.01	\$0.80
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2835								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.35								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$61.35	\$0.00	\$15.34	\$17.33		\$24.70	\$0.35	\$1.01	\$0.80
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$142.75	\$61.35	\$0.00	\$15.34	\$17.33		\$20.56	\$0.35	27.02 (FRV)	\$0.80
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$15.32	\$8.20	\$0.00	\$2.05	\$2.32	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$158.07	\$69.55	\$0.00	\$17.39	\$19.65	\$0.00	\$23.31	\$0.35	\$27.02	\$0.80
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4401								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.16								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.68	\$100.16	\$0.00	\$17.39	\$19.65	\$0.00	\$23.31	\$0.35	\$27.02	\$0.80
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem (IStd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.50	\$2.50								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$3.00	\$3.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.76	\$6.03	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$212.44</b>	<b>\$106.19</b>	<b>\$0.00</b>	<b>\$17.61</b>	<b>\$20.06</b>	<b>\$0.00</b>	<b>\$40.41</b>	<b>\$0.35</b>	<b>\$27.02</b>	<b>\$0.80</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$146.51</b>									

Provider: Clinch Health Care		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00142106A		Growth Allowance:		N/A	13.37%	Base Period Overall CMI:				1.3288	1.3617	
Case Mix Per Diem Rate Effective Date: 4/1/2021		Qtrly BIMS score		41.4%	2.5%	Quarterly Medicaid CMI:				1.5996	1.5382	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/20		Nurse Hours per On-Site Day/Quality Incentive:		2.85	2.0%	Qtrlyr Mcaid CMI w RUG Wght Options:				1.6282	1.5656	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,938,880	\$1,460,510	\$0	\$316,871	\$183,612	\$218,595	\$492,391	\$19,237	\$247,664	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$4,052)	\$0	\$0	\$0	\$0	\$0	(\$37,984)		\$10,841	\$23,081
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,934,818	\$1,460,510	\$0	\$316,871	\$183,612	\$218,595	\$454,407	\$19,237	\$258,505	\$23,081
8	Total Nursing Facility Days As Filed Days = 29,010	FY12 Audited C/R Days	29,010									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,515	FY 18 GL-PL Ins Rpt Days								23,515		
9	Net Per Diem prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$101.32	\$50.35	\$0.00	\$10.92	\$13.86	(with L&H)	\$15.66	\$0.82	\$8.91	\$0.80
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3288								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$37.89								
12	Net Per Diem after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$37.89	\$0.00	\$10.92	\$13.86		\$15.66	\$0.82	\$8.91	\$0.80
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$86.76	\$37.89	\$0.00	\$10.92	\$13.86		\$15.66	\$0.82	6.81	\$0.80
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$10.47	\$5.07	\$0.00	\$1.46	\$1.85	\$0.00	\$2.09	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$97.23	\$42.96	\$0.00	\$12.38	\$15.71	\$0.00	\$17.75	\$0.82	\$6.81	\$0.80
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6282								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$69.95								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$124.22	\$69.95	\$0.00	\$12.38	\$15.71	\$0.00	\$17.75	\$0.82	\$6.81	\$0.80
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Sind - Atwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.75	\$1.75								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stng Add-on	\$1.40	\$1.40								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.78	\$3.68	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$146.00	\$73.63	\$0.00	\$12.60	\$16.12	\$0.00	\$35.22	\$0.82	\$6.81	\$0.80
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$96.68									
27	Minimum Quarterly Case Mix Based Per Diem Rate		\$147.00									
28	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$97.43									



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Coastal Manor</b>  Prvdr ID: <b>00856028A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score 48.2%  Nurse Hours per On-Site Day/Quality Incentive: 5.21 </div> <div> Facility Score  Add-on Percent  13.37%  5.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.3441  Quarterly Medicaid CMI: 1.5556  Qtrly Mcaid CMI w RUG Wght Options: 1.5848 </div> <div> Facility Specific  State-wide  1.3617  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,004,109	\$3,214,333	\$0	\$920,655	\$444,875	\$668,322	\$1,418,483	\$117,406	\$1,220,035	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$69,710)	\$0	\$0	\$0	\$3,632	\$5,455	(\$88,647)		(\$3,213)	\$13,063
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,934,399	\$3,214,333	\$0	\$920,655	\$448,507	\$673,777	\$1,329,836	\$117,406	\$1,216,822	\$13,063
8	Total Nursing Facility Days As Filed Days = 36,013	FY12 Audited C/R Days	36,013									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 37,331	FY 18 GL-PL Ins Rpt Days								37,331		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$220.19	\$89.25	\$0.00	\$25.56	\$31.16	(with L&H)	\$36.93	\$3.14	\$33.79	\$0.36
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3441								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.40								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$66.40	\$0.00	\$25.56	\$31.16		\$36.93	\$3.14	\$33.79	\$0.36
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155.95	\$66.40	\$0.00	\$25.56	\$23.09		\$20.56	\$3.14	16.84 (FRV)	\$0.36
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$18.14	\$8.88	\$0.00	\$3.42	\$3.09	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$174.09	\$75.28	\$0.00	\$28.98	\$26.18	\$0.00	\$23.31	\$3.14	\$16.84	\$0.36
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5848								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.30								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$218.11	\$119.30	\$0.00	\$28.98	\$26.18	\$0.00	\$23.31	\$3.14	\$16.84	\$0.36
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.56	\$6.56								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$3.58	\$3.58								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.99	\$10.67	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$246.10	\$129.97	\$0.00	\$29.20	\$26.18	\$0.00	\$40.41	\$3.14	\$16.84	\$0.36
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$171.75									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

Provider: Cobblestone Rehab and Healthcare Center			Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00142711A			Growth Allowance: N/A			12.5%	13.37%	Base Period Overall CMI: 1.4590			1.4590	1.3617
Case Mix Per Diem Rate Effective Date: 4/1/2021			Qtrly BIMS score: 12.5%			0.0%	0.0%	Quarterly Medicaid CMI: 1.5481			1.5481	1.5382
MDS & Nurse Hrs Data per Quarter Ending: 12/31/20			Nurse Hours per On-Site Day/Quality Incentive: 3.71			2.0%	2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5742			1.5742	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,715,072	\$1,561,328	\$0	\$321,006	\$288,241	\$230,071	\$858,311	\$6,221	\$449,894	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$50,908)	(\$2,304)	\$0	(\$9,289)	(\$811)	\$1,104	(\$38,342)		(\$67,207)	\$65,941
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,664,164	\$1,559,024	\$0	\$311,717	\$287,430	\$231,175	\$819,969	\$6,221	\$382,687	\$65,941
8	Total Nursing Facility Days As Filed Days = 20,374	FY12 Audited C/R Days	20,374									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,878	FY 18 GL-PL Ins Rpt Days								19,878		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$179.85	\$76.52	\$0.00	\$15.30	\$25.45	(with L&H)	\$40.25	\$0.31	\$18.78	\$3.24
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4590								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.45								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$52.45	\$0.00	\$15.30	\$25.45		\$40.25	\$0.31	\$18.78	\$3.24
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$133.21	\$52.45	\$0.00	\$15.30	\$23.09		\$20.56	\$0.31	18.26 (FRV)	\$3.24
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Altwnc %	\$14.90	\$7.01	\$0.00	\$2.05	\$3.09	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$148.11	\$59.46	\$0.00	\$17.35	\$26.18	\$0.00	\$23.31	\$0.31	\$18.26	\$3.24
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5742								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.60								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$182.25	\$93.60	\$0.00	\$17.35	\$26.18	\$0.00	\$23.31	\$0.31	\$18.26	\$3.24
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.87	\$1.87								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$19.72	\$2.40	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$201.97	\$96.00	\$0.00	\$17.57	\$26.18	\$0.00	\$40.41	\$0.31	\$18.26	\$3.24
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$138.65									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>College Park Health Care Center</b>  Prvdr ID: <b>00140654A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 35.6%  Nurse Hours per On-Site Day/Quality Incentive: 2.66 </div> <div> Add-on Percent: 13.37%  2.5%  2.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.2906  Quarterly Medicaid CMI: 1.4136  Qtrly Mcaid CMI w RUG Wght Options: 1.4396 </div> <div> Facility Specific: 1.2906  1.4136  1.4396 </div> <div> State-wide: 1.3617  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatlns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R - FY 2018 GL-PL Rpt	\$5,335,885	\$2,566,909	\$0	\$508,923	\$326,800	\$230,266	\$1,020,157	\$17,861	\$664,969	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$624,264)	(\$246,813)	\$0	(\$4,986)	\$9,885	\$834	(\$362,911)		(\$66,906)	\$46,633
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,711,621	\$2,320,096	\$0	\$503,937	\$336,685	\$231,100	\$657,246	\$17,861	\$598,063	\$46,633
8	Total Nursing Facility Days As Filed Days = 32,452	FY12 Audited C/R Days	32,452									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,852	FY 18 GL-PL Ins Rpt Days								29,852		
10	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$145.24	\$71.49	\$0.00	\$15.53	\$17.50	(with L&H)	\$20.25	\$0.60	\$18.43	\$1.44
11	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<b>1.2906</b>								
12	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.39								
13	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.39	\$0.00	\$15.53	\$17.50		\$20.25	\$0.60	\$18.43	\$1.44
14	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
15	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$118.35	\$55.39	\$0.00	\$15.53	\$17.50		\$20.25	\$0.60	7.64 (FRV)	\$1.44
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
16	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$14.54	\$7.41	\$0.00	\$2.08	\$2.34	\$0.00	\$2.71	N/A	N/A	N/A
17	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$132.89	\$62.80	\$0.00	\$17.61	\$19.84	\$0.00	\$22.96	\$0.60	\$7.64	\$1.44
18	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.4396</b>								
19	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.41								
20	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$160.50	\$90.41	\$0.00	\$17.61	\$19.84	\$0.00	\$22.96	\$0.60	\$7.64	\$1.44
<b>Quarterly Per Diem Add-on Amounts</b>												
21	Efficiency Add-on Per Diem (IStd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.39	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.23		\$0.00	
22	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CFS Add-on	\$2.26	\$2.26								
23	Nurse Staff Hrs / Quality Add-on Per Diem: <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$1.81	\$1.81								
24	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
25	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.56	\$4.60	\$0.00	\$0.22	\$0.41	\$0.00	\$17.33	\$0.00	\$0.00	\$0.00
26	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$183.06	\$95.01	\$0.00	\$17.83	\$20.25	\$0.00	\$40.29	\$0.60	\$7.64	\$1.44
27	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$124.47									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Unaudited 12/31/14 Cost Report Data

FINAL

Provider: Comer Health and Rehab Prvdr ID: 00220448A			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 4/1/2021 MDS & Nurse Hrs Data per Quarter Ending: 12/31/20			Growth Allowance: N/A Qtrly BIMS score: 47.1% Nurse Hours per On-Site Day/Quality Incentive: 3.25		N/A	13.37% 5.5% 3.0%	Base Period Overall CMI: 1.2625 Quarterly Medicaid CMI: 1.4616 Qtrly Mcaid CMI w RUG Wght Options: 1.4867				1.2625 1.4616 1.4867	1.4014 1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatnns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 12/31/14 C/R - FY 18 GL-PL Rpt	\$4,832,506	\$2,286,566	\$0	\$512,396	\$260,364	\$236,923	\$1,068,433	\$110,589	\$357,235	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	12/31/14 C/R Audit Adjstmtns	(\$514,843)	\$0	\$0	\$0	\$0	\$0	(\$514,843)		(\$6,299)	\$6,299
7	Cost Center Costs After Audit Adjustments	12/31/14 Audited C/R	\$4,317,663	\$2,286,566	\$0	\$512,396	\$260,364	\$236,923	\$553,590	\$110,589	\$350,936	\$6,299
8	Total Nursing Facility Days As Filed Days = 29,059	12/31/14 Audited C/R Days	29,059									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,270	FY 18 GL-PL Ins Rpt Days								38,270		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$147.67	\$78.69	\$0.00	\$17.63	\$17.11	(with L&H)	\$19.05	\$2.89	\$12.08	\$0.22
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.2625								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.33								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$62.33	\$0.00	\$17.63	\$17.11		\$19.05	\$2.89	\$12.08	\$0.22
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.31	\$0.00	\$19.52	\$23.55		\$24.02		N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$127.16	\$62.33	\$0.00	\$17.63	\$17.11		\$19.05	\$2.89	7.93 (FRV)	\$0.22
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Allwnc %	\$15.53	\$8.33	\$0.00	\$2.36	\$2.29	\$0.00	\$2.55	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.69	\$70.66	\$0.00	\$19.99	\$19.40	\$0.00	\$21.60	\$2.89	\$7.93	\$0.22
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4867								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.05								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.08	\$105.05	\$0.00	\$19.99	\$19.40	\$0.00	\$21.60	\$2.89	\$7.93	\$0.22
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.78	\$5.78								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$3.15	\$3.15								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.56	\$9.46	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$204.64	\$114.51	\$0.00	\$20.21	\$19.81	\$0.00	\$39.07	\$2.89	\$7.93	\$0.22
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$140.66									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

**FINAL**

<div> <div> Provider: <b>Comfort Creek NRC of Wadley</b>  Prvdr ID: <b>00141138A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 28.3%  Nurse Hours per On-Site Day/Quality Incentive: 2.54 </div> <div> Add-on Percent: 13.37%  1.0%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.3067  Quarterly Medicaid CMI: 1.4546  Qtrly Mcaid CMI w RUG Wght Options: 1.4804 </div> <div> Facility Specific: 1.3067  1.4546  1.4804 </div> <div> State-wide: 1.3617  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R - FY 2018 GL-PL Rpt	\$3,313,003	\$1,637,015	\$0	\$393,190	\$281,831	\$243,271	\$414,537	\$91,806	\$251,353	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$56,048)	\$0	\$0	\$0	\$0	\$0	(\$54,075)		(\$46,994)	\$45,021
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,256,955	\$1,637,015	\$0	\$393,190	\$281,831	\$243,271	\$360,462	\$91,806	\$204,359	\$45,021
8	Total Nursing Facility Days As Filed Days = 27,042	FY12 Audited C/R Days	27,042									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,777	FY 18 GL-PL Ins Rpt Days								32,777		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$119.85	\$60.54	\$0.00	\$14.54	\$19.42	(with L&H)	\$13.33	\$2.80	\$7.56	\$1.66
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3067								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.33								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$46.33	\$0.00	\$14.54	\$19.42		\$13.33	\$2.80	\$7.56	\$1.66
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$106.38	\$46.33	\$0.00	\$14.54	\$19.42		\$13.33	\$2.80	8.30 (FRV)	\$1.66
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$12.51	\$6.19	\$0.00	\$1.94	\$2.60	\$0.00	\$1.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$118.89	\$52.52	\$0.00	\$16.48	\$22.02	\$0.00	\$15.11	\$2.80	\$8.30	\$1.66
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4804								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$77.75								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$144.12	\$77.75	\$0.00	\$16.48	\$22.02	\$0.00	\$15.11	\$2.80	\$8.30	\$1.66
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([SInd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.78	\$0.78								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$2.33	\$2.33								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.74	\$3.64	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$165.86</b>	<b>\$81.39</b>	<b>\$0.00</b>	<b>\$16.70</b>	<b>\$22.43</b>	<b>\$0.00</b>	<b>\$32.58</b>	<b>\$2.80</b>	<b>\$8.30</b>	<b>\$1.66</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$111.57</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY13 Cost Report Data

FINAL

<div> <div> Provider: <b>Cordele Health &amp; Rehab</b>  Prvdr ID: <b>00059892A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 21.3%  Nurse Hours per On-Site Day/Quality Incentive: 4.53 </div> <div> Facility Score: Add-on Percent: 13.37%  1.0%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.1687  Quarterly Medicaid CMI: 1.7423  Qtrly Mcaid CMI w RUG Wght Options: 1.7736 </div> <div> Facility Specific: 1.1687  1.7423  1.7736 </div> <div> State-wide: 1.3699  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY13 C/R	\$2,013,144	\$955,965	\$0	\$246,731	\$110,011	\$70,025	\$347,784	\$77,633	\$204,995	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	(\$36,822)	\$0	\$0	\$0	\$343	\$218	(\$37,974)		(\$14,476)	\$15,067
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$1,976,322	\$955,965	\$0	\$246,731	\$110,354	\$70,243	\$309,810	\$77,633	\$190,519	\$15,067
8	Total Nursing Facility Days As Filed Days = 11,808	FY13 Audited C/R Days	11,808									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,836	FY 18 GL-PL Ins Rpt Days								23,836		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$164.06	\$80.96	\$0.00	\$20.90	\$15.29	(with L&H)	\$26.24	\$3.26	\$16.13	\$1.28
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.1687								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.11								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$68.11	\$0.00	\$20.90	\$15.29		\$26.24	\$3.26	\$16.13	\$1.28
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.90	\$0.00	\$19.14	\$23.27		\$23.46	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$139.16	\$68.11	\$0.00	\$19.14	\$15.29		\$23.46	\$3.26	8.62 (FRV)	\$1.28
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.4%	Ln 14 x Growth Allwnc %	\$16.85	\$9.11	\$0.00	\$2.56	\$2.04	\$0.00	\$3.14	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$156.01	\$77.22	\$0.00	\$21.70	\$17.33	\$0.00	\$26.60	\$3.26	\$8.62	\$1.28
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7736								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$136.96								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$215.75	\$136.96	\$0.00	\$21.70	\$17.33	\$0.00	\$26.60	\$3.26	\$8.62	\$1.28
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stand - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.37	\$1.37								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sflng Add-on	\$4.11	\$4.11								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.52	\$6.01	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$239.27	\$142.97	\$0.00	\$21.70	\$17.74	\$0.00	\$43.70	\$3.26	\$8.62	\$1.28
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$166.63									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Countryside Health Center</b>  Prvdr ID: <b>00141665A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 38.6%  Nurse Hours per On-Site Day/Quality Incentive: 2.93 </div> <div> Add-on Percent  13.37%  2.5%  2.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.1147  Quarterly Medicaid CMI: 1.5620  Qtrly Mcaid CMI w RUG Wght Options: 1.5898 </div> <div> Facility Specific  1.1147  1.5620  1.5898 </div> <div> State-wide  1.3617  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,031,679	\$1,087,985	\$0	\$271,943	\$177,799	\$169,466	\$268,870	\$40,343	\$15,273	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$28,070)	(\$3,388)	\$0	\$0	\$0	(\$1,344)	(\$23,338)		(\$15,273)	\$15,273
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,003,609	\$1,084,597	\$0	\$271,943	\$177,799	\$168,122	\$245,532	\$40,343	\$0	\$15,273
8	Total Nursing Facility Days As Filed Days = 19,464	FY12 Audited C/R Days	19,464									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,564	FY 18 GL-PL Ins Rpt Days								19,564		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$102.91	\$55.72	\$0.00	\$13.97	\$17.77	(with L&H)	\$12.61	\$2.06	\$0.00	\$0.78
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1147								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.99								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$49.99	\$0.00	\$13.97	\$17.77		\$12.61	\$2.06	\$0.00	\$0.78
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$103.31	\$49.99	\$0.00	\$13.97	\$17.77		\$12.61	\$2.06	6.13 (FRV)	\$0.78
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$12.62	\$6.68	\$0.00	\$1.87	\$2.38	\$0.00	\$1.69	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$115.93	\$56.67	\$0.00	\$15.84	\$20.15	\$0.00	\$14.30	\$2.06	\$6.13	\$0.78
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5898								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.09								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$149.35	\$90.09	\$0.00	\$15.84	\$20.15	\$0.00	\$14.30	\$2.06	\$6.13	\$0.78
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.25	\$2.25								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.80	\$1.80								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.68	\$4.58	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$172.03	\$94.67	\$0.00	\$16.06	\$20.56	\$0.00	\$31.77	\$2.06	\$6.13	\$0.78
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$116.20									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Unaudited 12/31/14 Cost Report Data

FINAL

<div> <div> Provider: <b>Covenant Dove - Macon</b>  Prvdr ID: <b>00141523A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qltry BIMS score: 35.3%  Nurse Hours per On-Site Day/Quality Incentive: 3.28 </div> <div> Facility Score: N/A  Add-on Percent: 13.37%  2.5%  1.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.5027  Quarterly Medicaid CMI: 1.8494  Qltry Mcaid CMI w RUG Wght Options: 1.8845 </div> <div> Facility Specific: 1.5027  1.8494  1.8845 </div> <div> State-wide: 1.4014  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 12/31/14 C/R - FY 18 GL-PL Rpt	\$3,435,173	\$1,731,823	\$0	\$252,767	\$176,345	\$179,943	\$720,392	\$11,958	\$361,945	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	12/31/14 C/R Audit Adjstmnts	(\$265,777)	\$0	\$0	\$0	\$0	\$0	(\$265,777)		(\$24,077)	\$24,077
7	Cost Center Costs After Audit Adjustments	12/31/14 Audited C/R	\$3,169,396	\$1,731,823	\$0	\$252,767	\$176,345	\$179,943	\$454,615	\$11,958	\$337,868	\$24,077
8	Total Nursing Facility Days As Filed Days = 17,788	12/31/14 Audited C/R Days	17,788									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,726	FY 18 GL-PL Ins Rpt Days								30,726		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$177.89	\$97.36	\$0.00	\$14.21	\$20.03	(with L&H)	\$25.56	\$0.39	\$18.99	\$1.35
10	Base Period Facility Case Mix Index for All Residents	from 4 qlrs of FY10		1.5027								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.79								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$64.79	\$0.00	\$14.21	\$20.03		\$25.56	\$0.39	\$18.99	\$1.35
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.31	\$0.00	\$19.52	\$23.55		\$24.02		N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$133.71	\$64.79	\$0.00	\$14.21	\$20.03		\$24.02	\$0.39	8.92 (FRV)	\$1.35
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Allwnc %	\$16.45	\$8.66	\$0.00	\$1.90	\$2.68	\$0.00	\$3.21	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$150.16	\$73.45	\$0.00	\$16.11	\$22.71	\$0.00	\$27.23	\$0.39	\$8.92	\$1.35
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8845								
18	Qltry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$138.42								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$215.13	\$138.42	\$0.00	\$16.11	\$22.71	\$0.00	\$27.23	\$0.39	\$8.92	\$1.35
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.46	\$3.46								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$1.38	\$1.38								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.10	\$5.37	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$238.23	\$143.79	\$0.00	\$16.33	\$23.12	\$0.00	\$44.33	\$0.39	\$8.92	\$1.35
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$165.85									



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

Provider: <b>Crestview Nursing Facility</b>				<u>Add-on Data and Percentages</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00273567A</b>				Growth Allowance:			N/A	13.37%	Base Period Overall CMI:			1.1823	1.3617
Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>				Qtrly BIMS score			34.2%	2.5%	Quarterly Medicaid CMI:			1.4259	1.5382
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/20</b>				Nurse Hours per On-Site Day/Quality Incentive:			3.23	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4498	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$17,345,050	\$9,275,318	\$0	\$1,621,649	\$1,257,095	\$1,053,129	\$3,462,992	\$155,956	\$518,911	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$1,737,823)	(\$610,837)	\$0	(\$349,850)	(\$63,040)	(\$177,026)	(\$273,838)		(\$267,314)	\$4,082	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$15,607,227	\$8,664,481	\$0	\$1,271,799	\$1,194,055	\$876,103	\$3,169,154	\$155,956	\$251,597	\$4,082	
8	Total Nursing Facility Days As Filed Days = 89,009	FY12 Audited C/R Days	89,009										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 101,433	FY 18 GL-PL Ins Rpt Days								101,433			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$175.14	\$97.34	\$0.00	\$14.29	\$23.26	(with L&H)	\$35.83	\$1.54	\$2.83	\$0.05	
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.1823									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$82.33									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$82.33	\$0.00	\$14.29	\$23.26		\$35.83	\$1.54	\$2.83	\$0.05	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$140.87	\$71.51	\$0.00	\$14.29	\$23.09		\$20.56	\$1.54	9.83 (FRV)	\$0.05	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$17.31	\$9.56	\$0.00	\$1.91	\$3.09	\$0.00	\$2.75	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$158.18	\$81.07	\$0.00	\$16.20	\$26.18	\$0.00	\$23.31	\$1.54	\$9.83	\$0.05	
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4498									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.54									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$194.65	\$117.54	\$0.00	\$16.20	\$26.18	\$0.00	\$23.31	\$1.54	\$9.83	\$0.05	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.94	\$2.94									
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.53	\$3.53									
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$6.69	\$6.47	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$201.34	\$124.01	\$0.00	\$16.42	\$26.18	\$0.00	\$23.31	\$1.54	\$9.83	\$0.05	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$151.01										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

Provider: <b>Crisp Regional Nursing and Rehab Ctr</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00274128A</b>				Growth Allowance: N/A		13.37%	Base Period Overall CMI: 1.4206			1.4206	1.3617	
Case Mix Per Diem Rate Effective Date: 4/1/2021				Qtrly BIMS score 40.5%		2.5%	Quarterly Medicaid CMI: 1.7608			1.7608	1.5382	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/20				Nurse Hours per On-Site Day/Quality Incentive: 3.91		3.0%	Qtrtry Mcaid CMI w RUG Wght Options: 1.7945			1.7945	1.5656	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>  <b>Peer Group Standards &amp; Efficiency Measure Limits</b>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>Hosp Based</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,952,644	\$2,971,066	\$0	\$711,607	\$402,802	\$416,741	\$836,579	\$70,786	\$543,063	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$71,154)	\$0	\$0	\$0	\$1,048	\$1,086	(\$74,675)		(\$9,002)	\$10,389
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,881,490	\$2,971,066	\$0	\$711,607	\$403,850	\$417,827	\$761,904	\$70,786	\$534,061	\$10,389
8	Total Nursing Facility Days As Filed Days = 34,794	FY12 Audited C/R Days	34,794									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,234	FY 18 GL-PL Ins Rpt Days								25,234		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$169.82	\$85.39	\$0.00	\$20.45	\$23.62	(with L&H)	\$21.90	\$2.81	\$15.35	\$0.30
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.4206</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.11								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$60.11	\$0.00	\$20.45	\$23.62		\$21.90	\$2.81	\$15.35	\$0.30
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$136.94	\$60.11	\$0.00	\$20.45	\$23.09		\$20.56	\$2.81	9.62 (FRV)	\$0.30
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$16.61	\$8.04	\$0.00	\$2.73	\$3.09	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.55	\$68.15	\$0.00	\$23.18	\$26.18	\$0.00	\$23.31	\$2.81	\$9.62	\$0.30
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.7945</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$122.30								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$207.70	\$122.30	\$0.00	\$23.18	\$26.18	\$0.00	\$23.31	\$2.81	\$9.62	\$0.30
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem (ISnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.06	\$3.06								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$3.67	\$3.67								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.58	\$7.26	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$232.28	\$129.56	\$0.00	\$23.40	\$26.18	\$0.00	\$40.41	\$2.81	\$9.62	\$0.30
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$161.39									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY13 Cost Report Data

FINAL

Provider: <b>Cross View Care Center</b> Pvdr ID: <b>00142502A</b>				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: <b>04/01/21</b>				Growth Allowance: <b>N/A</b>		<b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.1512</b>			<b>1.3699</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/20</b>				Qtrly BIMS score: <b>32.2%</b>		<b>2.5%</b>		Quarterly Medicaid CMI: <b>1.3521</b>			<b>1.5382</b>	
Nurse Hours per On-Site Day/Quality Incentive:				<b>2.90</b>		<b>3.0%</b>		Qtrly Mcaid CMI w RUG Wght Options:			<b>1.3750</b>	<b>1.5656</b>
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY13 C/R	\$1,899,677	\$760,302	\$0	\$281,878	\$267,254	\$198,948	\$303,862	\$18,730	\$68,703	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmnts	\$693	\$0	\$0	\$0	(\$200)	\$0	\$893		(\$32,517)	\$32,517
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$1,900,370	\$760,302	\$0	\$281,878	\$267,054	\$198,948	\$304,755	\$18,730	\$36,186	\$32,517
8	Total Nursing Facility Days As Filed Days = 16,252	FY13 Audited C/R Days	16,252									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,178	FY 18 GL-PL Ins Rpt Days								24,178		
9	Net Per Diems prior to Case Mix Adjstml to Routine Svcs	Ln 7 / Ln 8 Col a	\$116.54	\$46.78	\$0.00	\$17.34	\$28.67	(with L&H)	\$18.75	\$0.77	\$2.23	\$2.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.1512								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$40.64								
12	Net Per Diems after Case Mix Adjstml to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$40.64	\$0.00	\$17.34	\$28.67		\$18.75	\$0.77	\$2.23	\$2.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.90	\$0.00	\$19.14	\$23.27		\$23.46	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$110.45	\$40.64	\$0.00	\$17.34	\$23.27		\$18.75	\$0.77	7.68 (FRV)	\$2.00
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Altwnc %	\$13.37	\$5.43	\$0.00	\$2.32	\$3.11	\$0.00	\$2.51	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$123.82	\$46.07	\$0.00	\$19.66	\$26.38	\$0.00	\$21.26	\$0.77	\$7.68	\$2.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3750								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$63.35								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$141.10	\$63.35	\$0.00	\$19.66	\$26.38	\$0.00	\$21.26	\$0.77	\$7.68	\$2.00
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.58	\$1.58								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.90	\$1.90								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.70	\$4.01	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$162.80	\$67.36	\$0.00	\$19.88	\$26.38	\$0.00	\$38.73	\$0.77	\$7.68	\$2.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$109.28									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

**FINAL**

<div> <div> Provider: <b>Cumming Nursing Center</b>  Prvdr ID: <b>00140302A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 62.8%  Nurse Hours per On-Site Day/Quality Incentive: 4.17 </div> <div> Facility Score: N/A  Add-on Percent: 13.37%  5.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.3016  Quarterly Medicaid CMI: 1.4737  Qtrly Mcaid CMI w RUG Wght Options: 1.5009  1.5009 </div> <div> Facility Specific: 1.3016  1.4737  1.5009 </div> <div> State-wide: 1.3617  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,274,534	\$3,015,528	\$0	\$616,662	\$506,007	\$277,751	\$521,994	\$61,923	\$274,669	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$266,253)	(\$5,834)	\$0	\$57	(\$92,450)	(\$9,653)	(\$40,099)		(\$148,090)	\$29,816
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,008,281	\$3,009,694	\$0	\$616,719	\$413,557	\$268,098	\$481,895	\$61,923	\$126,579	\$29,816
8	Total Nursing Facility Days As Filed Days = 31,273	FY12 Audited C/R Days	31,273									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,766	FY 18 GL-PL Ins Rpt Days								41,766		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$159.65	\$96.24	\$0.00	\$19.72	\$21.80	(with L&H)	\$15.41	\$1.48	\$4.05	\$0.95
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3016								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.94								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$73.94	\$0.00	\$19.72	\$21.80		\$15.41	\$1.48	\$4.05	\$0.95
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$139.41	\$71.51	\$0.00	\$18.41	\$21.80		\$15.41	\$1.48	9.85 (FRV)	\$0.95
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$16.99	\$9.56	\$0.00	\$2.46	\$2.91	\$0.00	\$2.06	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$156.40	\$81.07	\$0.00	\$20.87	\$24.71	\$0.00	\$17.47	\$1.48	\$9.85	\$0.95
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5009								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.68								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$197.01	\$121.68	\$0.00	\$20.87	\$24.71	\$0.00	\$17.47	\$1.48	\$9.85	\$0.95
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.78	\$0.00	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.69	\$6.69								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.65	\$3.65								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.22	\$10.34	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$225.23	\$132.02	\$0.00	\$20.87	\$25.12	\$0.00	\$34.94	\$1.48	\$9.85	\$0.95
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$156.10									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

Provider: <b>D. Scott Hudgens Center for Skilled Nursing</b> Prvdr ID: <b>000815493B</b>				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score: 41.7% Nurse Hours per On-Site Day/Quality Incentive: 4.00				<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.3112 Quarterly Medicaid CMI: 1.3994 Qtrly Mcaid CMI w RUG Wght Options: 1.4189				Facility Score: 13.37% Add-on Percent: 2.5% Facility Specific: 1.3112 State-wide: 1.3617 1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%					
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41					
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$1,344,854	\$618,032	\$0	\$92,183	\$62,927	\$123,511	\$318,254	\$2,383	\$127,564	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$4,307)	\$0	\$0	\$0	\$0	\$0	(\$4,307)		(\$10,653)	\$10,653
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$1,340,547	\$618,032	\$0	\$92,183	\$62,927	\$123,511	\$313,947	\$2,383	\$116,911	\$10,653
8	Total Nursing Facility Days	As Filed Days = 5,856	5,856									
8	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 11,404								11,404		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$228.72	\$105.54	\$0.00	\$15.74	\$31.84	(with L&H)	\$53.61	\$0.21	\$19.96	\$1.82
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3112								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.49								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$80.49	\$0.00	\$15.74	\$31.84		\$53.61	\$0.21	\$19.96	\$1.82
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$161.17	\$71.51	\$0.00	\$15.74	\$23.09		\$20.56	\$0.21	28.24 (FRV)	\$1.82
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage =	Ln 14 x Grwth Allwnc %	\$17.50	\$9.56	\$0.00	\$2.10	\$3.09	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$178.67	\$81.07	\$0.00	\$17.84	\$26.18	\$0.00	\$23.31	\$0.21	\$28.24	\$1.82
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4189								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.03								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$212.63	\$115.03	\$0.00	\$17.84	\$26.18	\$0.00	\$23.31	\$0.21	\$28.24	\$1.82
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem (Std - Alwdj x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem =	Ln 19 Col b x CPS Add-on	\$2.88	\$2.88								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$3.45	\$3.45								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.65	\$6.33	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$236.28	\$121.36	\$0.00	\$18.06	\$26.18	\$0.00	\$40.41	\$0.21	\$28.24	\$1.82
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$164.39									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

Provider: <b>Dade Health and Rehab Center</b>			<u>Add-on Data and Percentages</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00142865A</b>			Growth Allowance: N/A			40.0%	13.37%	Base Period Overall CMI: 1.2764			1.2764	1.3617
Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>			Qtrly BIMS score			2.5%	2.5%	Quarterly Medicaid CMI: 1.6354			1.6354	1.5382
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/20</b>			Nurse Hours per On-Site Day/Quality Incentive: 3.79			3.0%	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6656			1.6656	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,109,776	\$1,717,831	\$0	\$355,660	\$196,685	\$255,318	\$430,524	\$136,420	\$17,338	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$29,834)	(\$5,040)	\$0	\$0	\$120	\$156	(\$30,573)		(\$7,624)	\$13,127
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,079,942	\$1,712,791	\$0	\$355,660	\$196,805	\$255,474	\$399,951	\$136,420	\$9,714	\$13,127
8	Total Nursing Facility Days As Filed Days = 22,897	FY12 Audited C/R Days	22,897									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,687	FY 18 GL-PL Ins Rpt Days								21,687		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$134.83	\$74.80	\$0.00	\$15.53	\$19.75	(with L&H)	\$17.47	\$6.29	\$0.42	\$0.57
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2764								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.60								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$58.60	\$0.00	\$15.53	\$19.75		\$17.47	\$6.29	\$0.42	\$0.57
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.72	\$58.60	\$0.00	\$15.53	\$19.75		\$17.47	\$6.29	8.51 (FRV)	\$0.57
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14.89	\$7.83	\$0.00	\$2.08	\$2.64	\$0.00	\$2.34	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.61	\$66.43	\$0.00	\$17.61	\$22.39	\$0.00	\$19.81	\$6.29	\$8.51	\$0.57
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6656								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.65								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$185.83	\$110.65	\$0.00	\$17.61	\$22.39	\$0.00	\$19.81	\$6.29	\$8.51	\$0.57
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem (SInd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.77	\$2.77								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$3.32	\$3.32								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.72	\$6.62	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$210.55	\$117.27	\$0.00	\$17.83	\$22.80	\$0.00	\$37.28	\$6.29	\$8.51	\$0.57
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$145.09									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Dawson Health &amp; Rehab</b>  Prvdr ID: <b>00140808A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: <b>N/A</b>  Qtrly BIMS score: <b>43.8%</b>  Nurse Hours per On-Site Day/Quality Incentive: <b>3.64</b> </div> <div> Facility Score: <b>N/A</b>  Add-on Percent: <b>13.37%</b>  2.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: <b>1.2140</b>  Quarterly Medicaid CMI: <b>1.4727</b>  Qtrly Mcaid CMI w RUG Wght Options: <b>1.4961</b> </div> <div> Facility Specific: <b>1.2140</b>  1.4727  1.4961 </div> <div> State-wide: <b>1.3617</b>  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operalns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,350,365	\$1,761,821	\$0	\$384,340	\$200,480	\$225,160	\$423,669	\$74,079	\$280,816	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$14,716)	\$0	\$0	\$0	\$0	\$1,400	(\$16,116)		(\$18,688)	\$18,688
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,335,649	\$1,761,821	\$0	\$384,340	\$200,480	\$226,560	\$407,553	\$74,079	\$262,128	\$18,688
8	Total Nursing Facility Days As Filed Days = 25,645	FY12 Audited C/R Days	25,645									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,096	FY 18 GL-PL Ins Rpt Days								24,096		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$130.25	\$68.70	\$0.00	\$14.99	\$16.65	(with L&H)	\$15.89	\$3.07	\$10.22	\$0.73
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.2140</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.59								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$56.59	\$0.00	\$14.99	\$16.65		\$15.89	\$3.07	\$10.22	\$0.73
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$116.14	\$56.59	\$0.00	\$14.99	\$16.65		\$15.89	\$3.07	8.22 (FRV)	\$0.73
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$13.92	\$7.57	\$0.00	\$2.00	\$2.23	\$0.00	\$2.12	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$130.06	\$64.16	\$0.00	\$16.99	\$18.88	\$0.00	\$18.01	\$3.07	\$8.22	\$0.73
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.4961</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.99								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$161.89	\$95.99	\$0.00	\$16.99	\$18.88	\$0.00	\$18.01	\$3.07	\$8.22	\$0.73
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.40	\$2.40								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.88	\$2.88								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.91	\$5.81	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$185.80</b>	<b>\$101.80</b>	<b>\$0.00</b>	<b>\$17.21</b>	<b>\$19.29</b>	<b>\$0.00</b>	<b>\$35.48</b>	<b>\$3.07</b>	<b>\$8.22</b>	<b>\$0.73</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$126.53</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

**FINAL**

<div> <div> Provider: <b>Decatur Health and Rehab Ctr</b>  Prvdr ID: <b>00059452A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: <b>N/A</b>  Qtrly BIMS score: <b>36.6%</b>  Nurse Hours per On-Site Day/Quality Incentive: <b>4.01</b> </div> <div> Facility Score: <b>N/A</b>  Add-on Percent: <b>13.37%</b>  2.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: <b>1.7909</b>  Quarterly Medicaid CMI: <b>1.7683</b>  Qtrly Mcaid CMI w RUG Wght Options: <b>1.8024</b> </div> <div> Facility Specific: <b>1.7909</b>  1.7683  1.8024 </div> <div> State-wide: <b>1.3617</b>  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,960,862	\$2,146,119	\$0	\$430,561	\$171,697	\$192,796	\$756,329	\$2,645	\$260,715	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$33,146)	\$0	\$0	\$0	\$0	\$0	(\$33,468)		(\$36,744)	\$37,066
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,927,716	\$2,146,119	\$0	\$430,561	\$171,697	\$192,796	\$722,861	\$2,645	\$223,971	\$37,066
8	Total Nursing Facility Days As Filed Days = 23,853	FY12 Audited C/R Days	23,853									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,394	FY 18 GL-PL Ins Rpt Days								24,394		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$164.65	\$89.97	\$0.00	\$18.05	\$15.28	(with L&H)	\$30.30	\$0.11	\$9.39	\$1.55
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<b>1.7909</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.24								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$50.24	\$0.00	\$18.05	\$15.28		\$30.30	\$0.11	\$9.39	\$1.55
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$118.99	\$50.24	\$0.00	\$18.05	\$15.28		\$20.56	\$0.11	13.20 (FRV)	\$1.55
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$13.92	\$6.72	\$0.00	\$2.41	\$2.04	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$132.91	\$56.96	\$0.00	\$20.46	\$17.32	\$0.00	\$23.31	\$0.11	\$13.20	\$1.55
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.8024</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.66								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.61	\$102.66	\$0.00	\$20.46	\$17.32	\$0.00	\$23.31	\$0.11	\$13.20	\$1.55
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem (Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.57	\$2.57								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$3.08	\$3.08								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.91	\$6.18	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$202.52</b>	<b>\$108.84</b>	<b>\$0.00</b>	<b>\$20.68</b>	<b>\$17.73</b>	<b>\$0.00</b>	<b>\$40.41</b>	<b>\$0.11</b>	<b>\$13.20</b>	<b>\$1.55</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$139.07</b>									



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

Provider: <b>Delmar Gardens of Gwinnett, Inc.</b>		<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>				Facility Specific	State-wide	
Prvdr ID: <b>00395161A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>		Growth Allowance:	N/A	13.37%	Base Period Overall CMI:				1.2576	1.3617
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	16.1%	0.0%	Quarterly Medicaid CMI:				1.5778	1.5382
					3.82	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.6053	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,648,011	\$1,978,046	\$0	\$557,581	\$325,331	\$332,932	\$752,169	\$29,732	\$672,220	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$627,613)	\$1,511	\$0	\$0	(\$6,330)	(\$6,478)	(\$121,891)		(\$515,944)	\$21,519
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,020,398	\$1,979,557	\$0	\$557,581	\$319,001	\$326,454	\$630,278	\$29,732	\$156,276	\$21,519
8	Total Nursing Facility Days As Filed Days = 23,172	FY12 Audited C/R Days	23,172									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,614	FY 18 GL-PL Ins Rpt Days								21,614		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$173.59	\$85.43	\$0.00	\$24.06	\$27.85	(with L&H)	\$27.20	\$1.38	\$6.74	\$0.93
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.2576								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.93								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$67.93	\$0.00	\$24.06	\$27.85		\$27.20	\$1.38	\$6.74	\$0.93
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$141.69	\$67.93	\$0.00	\$18.41	\$23.09		\$20.56	\$1.38	9.39 (FRV)	\$0.93
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$17.38	\$9.08	\$0.00	\$2.46	\$3.09	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$159.07	\$77.01	\$0.00	\$20.87	\$26.18	\$0.00	\$23.31	\$1.38	\$9.39	\$0.93
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6053								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	\$123.62									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$205.68	\$123.62	\$0.00	\$20.87	\$26.18	\$0.00	\$23.31	\$1.38	\$9.39	\$0.93
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sflng Add-on	\$3.71	\$3.71								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.34	\$4.24	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$227.02	\$127.86	\$0.00	\$20.87	\$26.18	\$0.00	\$40.41	\$1.38	\$9.39	\$0.93
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$157.44									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

**FINAL**

<div> <div> Provider: <b>Delmar Gardens of Smyrna</b>  Prvdr ID: <b>00296271A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: <b>N/A</b>  Qtrly BIMS score: <b>35.7%</b>  Nurse Hours per On-Site Day/Quality Incentive: <b>3.74</b> </div> <div> Facility Score: <b>N/A</b>  Add-on Percent: <b>13.37%</b>  2.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: <b>1.2475</b>  Quarterly Medicaid CMI: <b>1.3473</b>  Qtrly Medicaid CMI w RUG Wght Options: <b>1.3680</b> </div> <div> Facility Specific: <b>1.2475</b>  <b>1.3473</b>  <b>1.3680</b> </div> <div> State-wide: <b>1.3617</b>  <b>1.5382</b>  <b>1.5656</b> </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R - FY 2018 GL-PL Rpt	\$6,229,800	\$3,281,705	\$0	\$698,667	\$362,465	\$490,326	\$880,619	\$54,596	\$461,422	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$262,391)	(\$4,960)	\$0	\$0	(\$431)	(\$582)	(\$105,246)		(\$192,666)	\$41,494
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,967,409	\$3,276,745	\$0	\$698,667	\$362,034	\$489,744	\$775,373	\$54,596	\$268,756	\$41,494
8	Total Nursing Facility Days As Filed Days = 41,854	FY12 Audited C/R Days	41,854									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,265	FY 18 GL-PL Ins Rpt Days								38,265		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$142.70	\$78.29	\$0.00	\$16.69	\$20.35	(with L&H)	\$18.53	\$1.43	\$6.42	\$0.99
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<b>1.2475</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.76								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$62.76	\$0.00	\$16.69	\$20.35		\$18.53	\$1.43	\$6.42	\$0.99
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$130.91	\$62.76	\$0.00	\$16.69	\$20.35		\$18.53	\$1.43	10.16 (FRV)	\$0.99
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Alkwn %	\$15.82	\$8.39	\$0.00	\$2.23	\$2.72	\$0.00	\$2.48	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$146.73	\$71.15	\$0.00	\$18.92	\$23.07	\$0.00	\$21.01	\$1.43	\$10.16	\$0.99
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.3680</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.33								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.91	\$97.33	\$0.00	\$18.92	\$23.07	\$0.00	\$21.01	\$1.43	\$10.16	\$0.99
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem (Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.43	\$2.43								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.92	\$2.92								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.98	\$5.88	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$196.89</b>	<b>\$103.21</b>	<b>\$0.00</b>	<b>\$19.14</b>	<b>\$23.48</b>	<b>\$0.00</b>	<b>\$38.48</b>	<b>\$1.43</b>	<b>\$10.16</b>	<b>\$0.99</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$134.84</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Douglasville Nursing and Rehab Ctr.</b>  Prvdr ID: <b>00141083A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: <b>N/A</b>  Qtrly BIMS score: <b>26.2%</b>  Nurse Hours per On-Site Day/Quality Incentive: <b>3.48</b> </div> <div> Facility Score: <b>N/A</b>  Add-on Percent: <b>13.37%</b>  1.0%  2.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: <b>1.5626</b>  Quarterly Medicaid CMI: <b>1.5628</b>  Qtrly Mcaid CMI w RUG Wght Options: <b>1.5922</b> </div> <div> Facility Specific: <b>1.5626</b>  1.5628  1.5656 </div> <div> State-wide: <b>1.3617</b>  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R - FY 2018 GL-PL Rpt	\$12,063,143	\$7,214,948	\$0	\$1,236,773	\$467,088	\$620,301	\$1,444,343	\$98,758	\$980,932	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$51,132)	(\$19,841)	\$0	(\$6,227)	(\$145)	\$29,333	(\$32,022)		(\$128,218)	\$105,988
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$12,012,011	\$7,195,107	\$0	\$1,230,546	\$466,943	\$649,634	\$1,412,321	\$98,758	\$852,714	\$105,988
8	Total Nursing Facility Days As Filed Days = 81,943	FY12 Audited C/R Days	81,943									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 84,849	FY 18 GL-PL Ins Rpt Days								84,849		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$146.56	\$87.81	\$0.00	\$15.02	\$13.63	(with L&H)	\$17.24	\$1.16	\$10.41	\$1.29
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.5626</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.19								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$56.19	\$0.00	\$15.02	\$13.63		\$17.24	\$1.16	\$10.41	\$1.29
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$118.88	\$56.19	\$0.00	\$15.02	\$13.63		\$17.24	\$1.16	14.35 (FRV)	\$1.29
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$13.64	\$7.51	\$0.00	\$2.01	\$1.82	\$0.00	\$2.30	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$132.52	\$63.70	\$0.00	\$17.03	\$15.45	\$0.00	\$19.54	\$1.16	\$14.35	\$1.29
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.5922</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.42								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$170.24	\$101.42	\$0.00	\$17.03	\$15.45	\$0.00	\$19.54	\$1.16	\$14.35	\$1.29
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.01	\$1.01								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.03	\$2.03								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.67	\$3.57	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$191.91	\$104.99	\$0.00	\$17.25	\$15.86	\$0.00	\$37.01	\$1.16	\$14.35	\$1.29
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$131.11									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

Provider: <b>Dublinair Health &amp; Rehab Center</b>			<u>Add-on Data and Percentages</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00059947A</b>			Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>			Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.2467</b>			<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/20</b>			Nurse Hours per On-Site Day/Quality Incentive: <b>4.25</b>			Qtrly BIMS score: <b>40.9%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.5297</b>			<b>1.5382</b>	
							<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.5563</b>			<b>1.5656</b>	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,803,623	\$3,311,191	\$0	\$767,037	\$393,998	\$396,702	\$679,435	\$191,204	\$64,056	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$157,175)	(\$18,037)	\$0	\$565	(\$2,206)	(\$11,507)	(\$120,426)		(\$52,995)	\$47,431
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,646,448	\$3,293,154	\$0	\$767,602	\$391,792	\$385,195	\$559,009	\$191,204	\$11,061	\$47,431
8	Total Nursing Facility Days As Filed Days = 48,499	FY12 Audited C/R Days	48,499									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 44,985	FY 18 GL-PL Ins Rpt Days								44,985		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$116.74	\$67.90	\$0.00	\$15.83	\$16.02	(with L&H)	\$11.53	\$4.25	\$0.23	\$0.98
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.2467</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.46								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$54.46	\$0.00	\$15.83	\$16.02		\$11.53	\$4.25	\$0.23	\$0.98
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$111.06	\$54.46	\$0.00	\$15.83	\$16.02		\$11.53	\$4.25	7.99 (FRV)	\$0.98
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$13.08	\$7.28	\$0.00	\$2.12	\$2.14	\$0.00	\$1.54	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$124.14	\$61.74	\$0.00	\$17.95	\$18.16	\$0.00	\$13.07	\$4.25	\$7.99	\$0.98
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.5563</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.09								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$158.49	\$96.09	\$0.00	\$17.95	\$18.16	\$0.00	\$13.07	\$4.25	\$7.99	\$0.98
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.40	\$2.40								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$2.88	\$2.88								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.91	\$5.81	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$182.40	\$101.90	\$0.00	\$18.17	\$18.57	\$0.00	\$30.54	\$4.25	\$7.99	\$0.98
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$123.98									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Dunwoody Health and Rehab Ctr</b>  Prvdr ID: <b>00815295A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: <b>N/A</b>  Qtrly BIMS score: <b>27.4%</b>  Nurse Hours per On-Site Day/Quality Incentive: <b>3.49</b> </div> <div> Facility Score: <b>N/A</b>  Add-on Percent: <b>13.37%</b>  1.0%  2.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: <b>1.6363</b>  Quarterly Medicaid CMI: <b>1.8562</b>  Qtrly Mcaid CMI w RUG Wght Options: <b>1.8918</b> </div> <div> Facility Specific: <b>1.6363</b>  1.8562  1.8918 </div> <div> State-wide: <b>1.3617</b>  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$14,272,181	\$8,525,338	\$0	\$1,279,369	\$494,884	\$709,673	\$2,524,089	\$5,773	\$733,055	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$524,465)	\$0	\$0	\$0	\$0	\$0	(\$529,813)		(\$199,784)	\$205,132
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$13,747,716	\$8,525,338	\$0	\$1,279,369	\$494,884	\$709,673	\$1,994,276	\$5,773	\$533,271	\$205,132
8	Total Nursing Facility Days As Filed Days = 73,805	FY12 Audited C/R Days	73,805									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 71,443	FY 18 GL-PL Ins Rpt Days								71,443		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$186.27	\$115.51	\$0.00	\$17.33	\$16.32	(with L&H)	\$27.02	\$0.08	\$7.23	\$2.78
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.6363								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.59								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$70.59	\$0.00	\$17.33	\$16.32		\$27.02	\$0.08	\$7.23	\$2.78
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$145.34	\$70.59	\$0.00	\$17.33	\$16.32		\$20.56	\$0.08	17.68 (FRV)	\$2.78
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$16.69	\$9.44	\$0.00	\$2.32	\$2.18	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$162.03	\$80.03	\$0.00	\$19.65	\$18.50	\$0.00	\$23.31	\$0.08	\$17.68	\$2.78
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8918								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$151.40								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$233.40	\$151.40	\$0.00	\$19.65	\$18.50	\$0.00	\$23.31	\$0.08	\$17.68	\$2.78
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.51	\$1.51								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$3.03	\$3.03								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.80	\$5.07	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$256.20</b>	<b>\$156.47</b>	<b>\$0.00</b>	<b>\$19.87</b>	<b>\$18.91</b>	<b>\$0.00</b>	<b>\$40.41</b>	<b>\$0.08</b>	<b>\$17.68</b>	<b>\$2.78</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$179.33</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Eagle Health</b>  Prvdr ID: <b>00143151A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: <b>N/A</b>  Qtrly BIMS score: <b>45.7%</b>  Nurse Hours per On-Site Day/Quality Incentive: <b>3.56</b> </div> <div> Facility Score: <b>N/A</b>  Add-on Percent: <b>13.37%</b>  <b>5.5%</b>  <b>3.0%</b> </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: <b>1.3784</b>  Quarterly Medicaid CMI: <b>1.6226</b>  Qtrly Mcaid CMI w RUG Wght Options: <b>1.6506</b> </div> <div> Facility Specific: <b>1.3784</b>  <b>1.6226</b>  <b>1.6506</b> </div> <div> State-wide: <b>1.3617</b>  <b>1.5382</b>  <b>1.5656</b> </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,453,079	\$1,892,596	\$0	\$325,176	\$164,064	\$271,199	\$508,824	\$114,722	\$176,498	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$67,575)	(\$915)	\$0	(\$1,864)	(\$7,755)	(\$12,820)	(\$37,510)		(\$33,888)	\$27,177
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,385,504	\$1,891,681	\$0	\$323,312	\$156,309	\$258,379	\$471,314	\$114,722	\$142,610	\$27,177
8	Total Nursing Facility Days As Filed Days = 20,477	FY12 Audited C/R Days	20,477									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,726	FY 18 GL-PL Ins Rpt Days								27,726		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$163.87	\$92.38	\$0.00	\$15.79	\$20.25	(with L&H)	\$23.02		\$6.96	\$1.33
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.3784</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.02								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$67.02	\$0.00	\$15.79	\$20.25		\$23.02	\$4.14	\$6.96	\$1.33
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$138.47	\$67.02	\$0.00	\$15.79	\$20.25		\$20.56	\$4.14	9.38 (FRV)	\$1.33
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Alkwn %	\$16.53	\$8.96	\$0.00	\$2.11	\$2.71	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$155.00	\$75.98	\$0.00	\$17.90	\$22.96	\$0.00	\$23.31	\$4.14	\$9.38	\$1.33
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.6506</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	\$125.41									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$204.43	\$125.41	\$0.00	\$17.90	\$22.96	\$0.00	\$23.31	\$4.14	\$9.38	\$1.33
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((SInd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.90	\$6.90								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.76	\$3.76								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.92	\$11.19	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$233.35	\$136.60	\$0.00	\$18.12	\$23.37	\$0.00	\$40.41	\$4.14	\$9.38	\$1.33
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$162.19									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Early Memorial Nursing Home</b>  Prvdr ID: <b>00140874A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: <b>N/A</b>  Qtrly BIMS score: <b>21.9%</b>  Nurse Hours per On-Site Day/Quality Incentive: <b>3.14</b> </div> <div> Facility Score: <b>N/A</b>  Add-on Percent: <b>13.37%</b>  <b>1.0%</b> </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: <b>1.2350</b>  Quarterly Medicaid CMI: <b>1.4969</b>  Qtrly Mcaid CMI w RUG Wght Options: <b>1.5242</b> </div> <div> Facility Specific: <b>1.2350</b>  State-wide: <b>1.3617</b>  <b>1.5382</b>  <b>1.5656</b> </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>Hosp Based</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,864,202	\$2,508,700	\$0	\$569,553	\$422,855	\$545,988	\$1,782,433	\$0	\$34,673	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstnts	\$14,982	(\$72,500)	\$0	(\$447)	\$39,877	\$17,103	\$30,725		\$224	\$0
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,879,184	\$2,436,200	\$0	\$569,106	\$462,732	\$563,091	\$1,813,158	\$0	\$34,897	\$0
8	Total Nursing Facility Days As Filed Days = 32,050	FY12 Audited C/R Days	32,050									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,004	FY 18 GL-PL Ins Rpt Days								33,004		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$183.44	\$76.01	\$0.00	\$17.76	\$32.01	(with L&H)	\$56.57	\$0.00	\$1.09	\$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.2350</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.55								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$61.55	\$0.00	\$17.76	\$32.01		\$56.57	\$0.00	\$1.09	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$131.70	\$61.55	\$0.00	\$17.76	\$23.09		\$20.56	\$0.00	8.74 (FRV)	\$0.00
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$16.44	\$8.23	\$0.00	\$2.37	\$3.09	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$148.14	\$69.78	\$0.00	\$20.13	\$26.18	\$0.00	\$23.31	\$0.00	\$8.74	\$0.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.5242</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.36								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.72	\$106.36	\$0.00	\$20.13	\$26.18	\$0.00	\$23.31	\$0.00	\$8.74	\$0.00
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem (Sind - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.06	\$1.06								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.19	\$3.19								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.10	\$4.78	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$206.82	\$111.14	\$0.00	\$20.35	\$26.18	\$0.00	\$40.41	\$0.00	\$8.74	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	{Ln 25 - Ln 23} * 0.75	\$142.29									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>East Lake Arbor</b>  Prvdr ID: <b>00140137A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: <b>N/A</b>  Qtrly BIMS score: <b>28.4%</b>  Nurse Hours per On-Site Day/Quality Incentive: <b>3.08</b> </div> <div> Facility Score: <b>N/A</b>  Add-on Percent: <b>13.37%</b>  1.0%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: <b>1.2163</b>  Quarterly Medicaid CMI: <b>1.9062</b>  Qtrly Mcaid CMI w RUG Wght Options: <b>1.9439</b> </div> <div> Facility Specific: <b>1.2163</b>  1.9062  1.9439 </div> <div> State-wide: <b>1.3617</b>  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,536,622	\$2,343,652	\$0	\$517,435	\$269,383	\$319,818	\$686,805	\$112,768	\$286,761	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$171,950)	\$0	\$0	\$1,371	\$0	\$0	(\$173,331)		(\$50,727)	\$50,727
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,364,662	\$2,343,652	\$0	\$518,806	\$269,383	\$319,818	\$513,474	\$112,768	\$236,034	\$50,727
8	Total Nursing Facility Days As Filed Days = 31,750	FY12 Audited C/R Days	31,750									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,504	FY 18 GL-PL Ins Rpt Days								28,504		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$137.88	\$73.82	\$0.00	\$16.34	\$18.56	(with L&H)	\$16.17	\$3.96	\$7.43	\$1.60
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<b>1.2163</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.69								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$60.69	\$0.00	\$16.34	\$18.56		\$16.17	\$3.96	\$7.43	\$1.60
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.93	\$60.69	\$0.00	\$16.34	\$18.56		\$16.17	\$3.96	9.61 (FRV)	\$1.60
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14.93	\$8.11	\$0.00	\$2.18	\$2.48	\$0.00	\$2.16	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.86	\$68.80	\$0.00	\$18.52	\$21.04	\$0.00	\$18.33	\$3.96	\$9.61	\$1.60
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.9439</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$133.74								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$206.80	\$133.74	\$0.00	\$18.52	\$21.04	\$0.00	\$18.33	\$3.96	\$9.61	\$1.60
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem (([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.34	\$1.34								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.01	\$4.01								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.98	\$5.88	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$230.78</b>	<b>\$139.62</b>	<b>\$0.00</b>	<b>\$18.74</b>	<b>\$21.45</b>	<b>\$0.00</b>	<b>\$35.80</b>	<b>\$3.96</b>	<b>\$9.61</b>	<b>\$1.60</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$160.26</b>									



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY13 Cost Report Data

FINAL

<div> <div> Provider: <b>Eastman Healthcare</b>  Prvd ID: <b>00141974A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 24.7%  Nurse Hours per On-Site Day/Quality Incentive: 3.35 </div> <div> Facility Score: N/A  Add-on Percent: 13.37%  1.0%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.1568  Quarterly Medicaid CMI: 1.5324  Qtrly Mcaid CMI w RUG Wght Options: 1.5597 </div> <div> Facility Specific: 1.1568  1.5324  1.5597 </div> <div> State-wide: 1.3699  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
5	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
6	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY13 C/R	\$4,003,070	\$1,828,756	\$0	\$522,255	\$219,608	\$263,433	\$572,820	\$33,237	\$562,961	\$0
7	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmnts	(\$58,783)	\$287	\$0	\$0	\$0	\$0	(\$54,036)		(\$21,752)	\$16,718
8	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$3,944,287	\$1,829,043	\$0	\$522,255	\$219,608	\$263,433	\$518,784	\$33,237	\$541,209	\$16,718
9	Total Nursing Facility Days As Filed Days = 31,945	FY13 Audited C/R Days	31,945									
10	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,353	FY 18 GL-PL Ins Rpt Days								32,353		
11	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$123.46	\$57.26	\$0.00	\$16.35	\$15.12	(with L&H)	\$16.24	\$1.03	\$16.94	\$0.52
12	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.1568								
13	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.50								
14	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$49.50	\$0.00	\$16.35	\$15.12		\$16.24	\$1.03	\$16.94	\$0.52
15	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.90	\$0.00	\$19.14	\$23.27		\$23.46	\$0.00	N/A	
16	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$106.60	\$49.50	\$0.00	\$16.35	\$15.12		\$16.24	\$1.03	7.84 (FRV)	\$0.52
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
17	Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Allwnc %	\$13.00	\$6.62	\$0.00	\$2.19	\$2.02	\$0.00	\$2.17	N/A	N/A	N/A
18	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$119.60	\$56.12	\$0.00	\$18.54	\$17.14	\$0.00	\$18.41	\$1.03	\$7.84	\$0.52
19	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5597								
20	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$87.53								
21	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$151.01	\$87.53	\$0.00	\$18.54	\$17.14	\$0.00	\$18.41	\$1.03	\$7.84	\$0.52
<b>Quarterly Per Diem Add-on Amounts</b>												
22	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
23	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.88	\$0.88								
24	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$2.63	\$2.63								
25	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
26	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.14	\$4.04	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
27	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$173.15	\$91.57	\$0.00	\$18.76	\$17.55	\$0.00	\$35.88	\$1.03	\$7.84	\$0.52
28	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$117.04									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Eastview Nursing Home</b>  Prvdr ID: <b>00140885A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: <b>N/A</b>  Qtrly BIMS score: <b>46.8%</b>  Nurse Hours per On-Site Day/Quality Incentive: <b>3.03</b> </div> <div> Facility Score: <b>N/A</b>  Add-on Percent: <b>13.37%</b>  <b>5.5%</b>  <b>3.0%</b> </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: <b>1.4001</b>  Quarterly Medicaid CMI: <b>1.7122</b>  Qtrly Mcaid CMI w RUG Wght Options: <b>1.7454</b> </div> <div> Facility Specific: <b>1.4001</b>  <b>1.7122</b>  <b>1.7454</b> </div> <div> State-wide: <b>1.3617</b>  <b>1.5382</b>  <b>1.5656</b> </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,423,853	\$1,789,463	\$0	\$369,801	\$231,565	\$313,337	\$583,423	\$75,881	\$60,383	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$82,488)	\$0	\$0	\$0	\$0	\$0	(\$83,339)		(\$26,557)	\$27,408
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,341,365	\$1,789,463	\$0	\$369,801	\$231,565	\$313,337	\$500,084	\$75,881	\$33,826	\$27,408
8	Total Nursing Facility Days As Filed Days = 29,341	FY12 Audited C/R Days	29,341									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,662	FY 18 GL-PL Ins Rpt Days								25,662		
10	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$114.24	\$60.99	\$0.00	\$12.60	\$18.57	(with L&H)	\$17.04	\$2.96	\$1.15	\$0.93
11	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.4001</u>								
12	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$43.56								
13	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$43.56	\$0.00	\$12.60	\$18.57		\$17.04	\$2.96	\$1.15	\$0.93
14	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
15	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$103.44	\$43.56	\$0.00	\$12.60	\$18.57		\$17.04	\$2.96	7.78 (FRV)	\$0.93
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
16	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$12.26	\$5.82	\$0.00	\$1.68	\$2.48	\$0.00	\$2.28	N/A	N/A	N/A
17	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$115.70	\$49.38	\$0.00	\$14.28	\$21.05	\$0.00	\$19.32	\$2.96	\$7.78	\$0.93
18	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.7454</u>								
19	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.19								
20	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$152.51	\$86.19	\$0.00	\$14.28	\$21.05	\$0.00	\$19.32	\$2.96	\$7.78	\$0.93
<b>Quarterly Per Diem Add-on Amounts</b>												
21	Efficiency Add-on Per Diem (Sind - Afwdj x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
22	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.74	\$4.74								
23	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.59	\$2.59								
24	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
25	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.96	\$7.86	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
26	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$178.47	\$94.05	\$0.00	\$14.50	\$21.46	\$0.00	\$36.79	\$2.96	\$7.78	\$0.93
27	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$121.03									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

Provider: <b>Eatonton Health &amp; Rehabilitation Center</b>				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: <b>00223473A</b>				Growth Allowance: N/A		N/A	13.37%	Base Period Overall CMI: 1.3434				1.3617	
Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>				Qtrly BIMS score: 24.6%		24.6%	1.0%	Quarterly Medicaid CMI: 1.2801				1.5382	
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/20</b>				Nurse Hours per On-Site Day/Quality Incentive: 2.99		2.99	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.2985				1.5656	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatlns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,078,892	\$2,283,700	\$0	\$430,471	\$226,312	\$291,229	\$524,326	\$100,611	\$222,243	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$13,281)	(\$1,926)	\$0	(\$1,812)	\$1,457	\$1,876	(\$16,303)		(\$13,040)	\$16,467	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,065,611	\$2,281,774	\$0	\$428,659	\$227,769	\$293,105	\$508,023	\$100,611	\$209,203	\$16,467	
8	Total Nursing Facility Days As Filed Days = 28,786	FY12 Audited C/R Days	28,786										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,030	FY 18 GL-PL Ins Rpt Days								28,030			
9	Net Per Diems prior to Case Mix Adjstrmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$141.33	\$79.27	\$0.00	\$14.89	\$18.09	(with L&H)	\$17.65	\$3.59	\$7.27	\$0.57	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3434									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.01									
12	Net Per Diems after Case Mix Adjstrmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$59.01	\$0.00	\$14.89	\$18.09		\$17.65	\$3.59	\$7.27	\$0.57	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$122.56	\$59.01	\$0.00	\$14.89	\$18.09		\$17.65	\$3.59	8.76 (FRV)	\$0.57	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14.66	\$7.89	\$0.00	\$1.99	\$2.42	\$0.00	\$2.36	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$137.22	\$66.90	\$0.00	\$16.88	\$20.51	\$0.00	\$20.01	\$3.59	\$8.76	\$0.57	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2985									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.87									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$157.19	\$86.87	\$0.00	\$16.88	\$20.51	\$0.00	\$20.01	\$3.59	\$8.76	\$0.57	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem (ISnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.87	\$0.87									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.61	\$2.61									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.11	\$4.01	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$179.30	\$90.88	\$0.00	\$17.10	\$20.92	\$0.00	\$37.48	\$3.59	\$8.76	\$0.57	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$121.65										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Effingham Extended Care Facility</b>  Prvdr ID: <b>00140907A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 32.5%  Nurse Hours per On-Site Day/Quality Incentive: 4.98 </div> <div> Facility Score  Add-on Percent  13.37%  2.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.2538  Quarterly Medicaid CMI: 1.3126  Qtrly Mcaid CMI w RUG Wght Options: 1.3327 </div> <div> Facility Specific  1.2538  1.3126  1.3327 </div> <div> State-wide  1.3617  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,499,706	\$3,860,186	\$0	\$1,189,791	\$579,868	\$493,633	\$1,863,313	\$106,864	\$406,051	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$131,107)	(\$85,193)	\$0	\$19,127	\$14,898	\$12,681	(\$103,051)		(\$15,635)	\$26,066
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,368,599	\$3,774,993	\$0	\$1,208,918	\$594,766	\$506,314	\$1,760,262	\$106,864	\$390,416	\$26,066
8	Total Nursing Facility Days As Filed Days = 37,034	FY12 Audited C/R Days	37,034									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,424	FY 18 GL-PL Ins Rpt Days								36,424		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$226.00	\$101.93	\$0.00	\$32.64	\$29.73	(with L&H)	\$47.53	\$2.93	\$10.54	\$0.70
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2538								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.30								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$81.30	\$0.00	\$32.64	\$29.73		\$47.53	\$2.93	\$10.54	\$0.70
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$158.28	\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$2.93	10.34 (FRV)	\$0.70
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Alkwn %	\$19.30	\$9.56	\$0.00	\$3.90	\$3.09	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$177.58	\$81.07	\$0.00	\$33.05	\$26.18	\$0.00	\$23.31	\$2.93	\$10.34	\$0.70
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3327								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.04								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$204.55	\$108.04	\$0.00	\$33.05	\$26.18	\$0.00	\$23.31	\$2.93	\$10.34	\$0.70
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Snd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.70	\$2.70								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.24	\$3.24								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.04	\$5.94	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$227.59	\$113.98	\$0.00	\$33.05	\$26.18	\$0.00	\$40.41	\$2.93	\$10.34	\$0.70
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$157.87									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

Provider: <b>Emanuel Medical Center Nursing Home</b> Prvdr ID: <b>00140929A</b>			<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score: 48.2% Nurse Hours per On-Site Day/Quality Incentive: 5.05			Facility Score N/A	Add-on Percent 13.37% 5.5% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.1993 Quarterly Medicaid CMI: 1.3359 Qtrly Mcaid CMI w RUG Wght Options: 1.3601			Facility Specific 1.1993 1.3359 1.3601	State-wide 1.3617 1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>Hosp Based</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,357,875	\$1,503,493	\$0	\$530,039	\$198,085	\$288,482	\$670,646	\$7,025	\$160,105	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$47,935)	\$0	\$0	\$0	\$0	\$0	(\$47,935)		(\$9,028)	\$9,028
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,309,940	\$1,503,493	\$0	\$530,039	\$198,085	\$288,482	\$622,711	\$7,025	\$151,077	\$9,028
8	Total Nursing Facility Days As Filed Days = 17,530	FY12 Audited C/R Days	17,530									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,600	FY 18 GL-PL Ins Rpt Days								17,600		
10	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$188.83	\$85.77	\$0.00	\$30.24	\$27.76	(with L&H)	\$35.52	\$0.40	\$8.62	\$0.52
11	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1993								
12	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.52								
13	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$71.52	\$0.00	\$30.24	\$27.76		\$35.52	\$0.40	\$8.62	\$0.52
14	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
15	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$157.72	\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.40	12.49 (FRV)	\$0.52
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
16	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allownc %	\$19.30	\$9.56	\$0.00	\$3.90	\$3.09	\$0.00	\$2.75	N/A	N/A	N/A
17	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$177.02	\$81.07	\$0.00	\$33.05	\$26.18	\$0.00	\$23.31	\$0.40	\$12.49	\$0.52
18	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3601								
19	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.26								
20	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$206.21	\$110.26	\$0.00	\$33.05	\$26.18	\$0.00	\$23.31	\$0.40	\$12.49	\$0.52
<b>Quarterly Per Diem Add-on Amounts</b>												
21	Efficiency Add-on Per Diem ((Sind - Afwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
22	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.06	\$6.06								
23	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.31	\$3.31								
24	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
25	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.47	\$9.37	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
26	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$232.68	\$119.63	\$0.00	\$33.05	\$26.18	\$0.00	\$40.41	\$0.40	\$12.49	\$0.52
27	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$161.69									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Etowah Landing Care and Rehab</b>  Prvdr ID: <b>00142766A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: <b>N/A</b>  Qtrly BIMS score: <b>37.3%</b>  Nurse Hours per On-Site Day/Quality Incentive: <b>3.63</b> </div> <div> Facility Score: <b>N/A</b>  Add-on Percent: <b>13.37%</b>  2.5%  2.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: <b>1.3514</b>  Quarterly Medicaid CMI: <b>1.6327</b>  Qtrly Mcaid CMI w RUG Wght Options: <b>1.6631</b> </div> <div> Facility Specific: <b>1.3514</b>  1.6327  1.6631 </div> <div> State-wide: <b>1.3617</b>  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,805,075	\$2,164,497	\$0	\$420,759	\$190,299	\$355,916	\$1,194,941	\$39,577	\$439,086	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$440,621)	(\$77,951)	\$0	(\$2,040)	\$1,774	(\$18,703)	(\$335,216)		(\$35,715)	\$27,230
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,364,454	\$2,086,546	\$0	\$418,719	\$192,073	\$337,213	\$859,725	\$39,577	\$403,371	\$27,230
8	Total Nursing Facility Days As Filed Days = 32,895	FY12 Audited C/R Days	32,939									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,674	FY 18 GL-PL Ins Rpt Days								24,674		
10	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$132.91	\$63.35	\$0.00	\$12.71	\$16.07	(with L&H)	\$26.10	\$1.60	\$12.25	\$0.83
11	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3514								
12	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.88								
13	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$46.88	\$0.00	\$12.71	\$16.07		\$26.10	\$1.60	\$12.25	\$0.83
14	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
15	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$106.65	\$46.88	\$0.00	\$12.71	\$16.07		\$20.56	\$1.60	8.00 (FRV)	\$0.83
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
16	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Alwnc %	\$12.87	\$6.27	\$0.00	\$1.70	\$2.15	\$0.00	\$2.75	N/A	N/A	N/A
17	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$119.52	\$53.15	\$0.00	\$14.41	\$18.22	\$0.00	\$23.31	\$1.60	\$8.00	\$0.83
18	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6631								
19	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.39								
20	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$154.76	\$88.39	\$0.00	\$14.41	\$18.22	\$0.00	\$23.31	\$1.60	\$8.00	\$0.83
<b>Quarterly Per Diem Add-on Amounts</b>												
21	Efficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
22	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.21	\$2.21								
23	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.77	\$1.77								
24	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
25	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.24	\$4.51	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
26	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$177.00	\$92.90	\$0.00	\$14.63	\$18.63	\$0.00	\$40.41	\$1.60	\$8.00	\$0.83
27	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$119.93									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

**FINAL**

Provider: <b>Evergreen Health and Rehab</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>835154999A</b>				Growth Allowance:		N/A	13.37%	Base Period Overall CMI:				1.4147	1.3617
Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>				Qtrly BIMS score		80.0%	5.5%	Quarterly Medicaid CMI:				1.6772	1.5382
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/20</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.95	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.7080	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>  <b>Peer Group Standards &amp; Efficiency Measure Limits</b>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>				
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,587,311.00	\$2,247,569	\$0	\$452,219	\$389,276	\$212,958	\$705,784	\$48,450	\$531,055	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$54,426)	(\$2,064)	\$0	(\$8,678)	\$2,075	(\$5,832)	(\$42,622)		(\$23,120)	\$25,815	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,532,885	\$2,245,505	\$0	\$443,541	\$391,351	\$207,126	\$663,162	\$48,450	\$507,935	\$25,815	
8	Total Nursing Facility Days As Filed Days = 32,208 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,173	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	32,208								33,173		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs Base Period Facility <u>Case Mix Index</u> for All Residents	Ln 7 / Ln 8 Col a from 4 qtrs of FY12	\$140.69	\$69.72	\$0.00	\$13.77	\$18.58	(with L&H)	\$20.59	\$1.46	\$15.77	\$0.80	
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.28									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$49.28	\$0.00	\$13.77	\$18.58		\$20.59	\$1.46	\$15.77	\$0.80	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	\$0.00		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$111.30	\$49.28	\$0.00	\$13.77	\$18.58		\$20.56	\$1.46	6.85 (FRV)	\$0.80	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$13.66	\$6.59	\$0.00	\$1.84	\$2.48	\$0.00	\$2.75	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$124.96	\$55.87	\$0.00	\$15.61	\$21.06	\$0.00	\$23.31	\$1.46	\$6.85	\$0.80	
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.7080</b>									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.43									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$164.52	\$95.43	\$0.00	\$15.61	\$21.06	\$0.00	\$23.31	\$1.46	\$6.85	\$0.80	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.25	\$5.25									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.86	\$2.86									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.37	\$8.64	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$190.89</b>	<b>\$104.07</b>	<b>\$0.00</b>	<b>\$15.83</b>	<b>\$21.47</b>	<b>\$0.00</b>	<b>\$40.41</b>	<b>\$1.46</b>	<b>\$6.85</b>	<b>\$0.80</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$130.34</b>										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Fairburn Health Care Center</b>  Prvdr ID: <b>00173071A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: <b>N/A</b>  Qtrly BIMS score: <b>29.9%</b>  Nurse Hours per On-Site Day/Quality Incentive: <b>2.81</b> </div> <div> Add-on Percent  <b>13.37%</b>  <b>1.0%</b>  <b>3.0%</b> </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: <b>1.2420</b>  Quarterly Medicaid CMI: <b>1.7462</b>  Qtrly Mcaid CMI w RUG Wght Options: <b>1.7805</b> </div> <div> Facility Specific  <b>1.2420</b>  <b>1.7462</b>  <b>1.7805</b> </div> <div> State-wide  <b>1.3617</b>  <b>1.5382</b>  <b>1.5656</b> </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,376,038	\$2,285,794	\$0	\$431,147	\$269,487	\$315,406	\$762,754	\$131,033	\$180,417	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$192,745)	(\$843)	\$0	\$1,847	\$0	(\$1,191)	(\$199,980)		(\$61,554)	\$68,976
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,183,293	\$2,284,951	\$0	\$432,994	\$269,487	\$314,215	\$562,774	\$131,033	\$118,863	\$68,976
8	Total Nursing Facility Days	As Filed Days = 34,518										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 34,265										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	FY12 Audited C/R Days								34,265		
		Ln 7 / Ln 8 Col a	\$121.21	\$66.20	\$0.00	\$12.54	\$16.91	(with L&H)	\$16.30	\$3.82	\$3.44	\$2.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2420								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.30								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$53.30	\$0.00	\$12.54	\$16.91		\$16.30	\$3.82	\$3.44	\$2.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$113.55	\$53.30	\$0.00	\$12.54	\$16.91		\$16.30	\$3.82	8.68 (FRV)	\$2.00
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allownc %	\$13.25	\$7.13	\$0.00	\$1.68	\$2.26	\$0.00	\$2.18	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$126.80	\$60.43	\$0.00	\$14.22	\$19.17	\$0.00	\$18.48	\$3.82	\$8.68	\$2.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7805								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.60								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$173.97	\$107.60	\$0.00	\$14.22	\$19.17	\$0.00	\$18.48	\$3.82	\$8.68	\$2.00
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Sind - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.08	\$1.08								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.23	\$3.23								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.94	\$4.84	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$196.91</b>	<b>\$112.44</b>	<b>\$0.00</b>	<b>\$14.44</b>	<b>\$19.58</b>	<b>\$0.00</b>	<b>\$35.95</b>	<b>\$3.82</b>	<b>\$8.68</b>	<b>\$2.00</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$134.86</b>									



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Fifth Avenue Health Care</b>  Prvdr ID: <b>00140984A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: <b>N/A</b>  Qtrly BIMS score: <b>36.5%</b>  Nurse Hours per On-Site Day/Quality Incentive: <b>3.76</b> </div> <div> Facility Score: <b>N/A</b>  Add-on Percent: <b>13.37%</b>  2.5% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: <b>1.3973</b>  Quarterly Medicaid CMI: <b>1.7072</b>  Qtrly Mcaid CMI w RUG Wght Options: <b>1.7401</b> </div> <div> Facility Specific: <b>1.3973</b>  1.7072  1.7401 </div> <div> State-wide: <b>1.3617</b>  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R - FY 2018 GL-PL Rpt	\$5,048,574	\$2,647,153	\$0	\$457,599	\$275,979	\$314,879	\$649,728	\$138,654	\$564,582	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$37,896)	(\$7,167)	\$0	\$0	\$0	(\$1,149)	(\$38,246)		(\$18,768)	\$27,434
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,010,678	\$2,639,986	\$0	\$457,599	\$275,979	\$313,730	\$611,482	\$138,654	\$545,814	\$27,434
8	Total Nursing Facility Days As Filed Days = 34,460	FY12 Audited C/R Days	34,460									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,579	FY 18 GL-PL Ins Rpt Days								32,579		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$145.64	\$76.61	\$0.00	\$13.28	\$17.11	(with L&H)	\$17.74	\$4.26	\$15.84	\$0.80
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3973								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.83								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$54.83	\$0.00	\$13.28	\$17.11		\$17.74	\$4.26	\$15.84	\$0.80
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$117.61	\$54.83	\$0.00	\$13.28	\$17.11		\$17.74	\$4.26	9.59 (FRV)	\$0.80
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allownc %	\$13.77	\$7.33	\$0.00	\$1.78	\$2.29	\$0.00	\$2.37	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$131.38	\$62.16	\$0.00	\$15.06	\$19.40	\$0.00	\$20.11	\$4.26	\$9.59	\$0.80
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7401								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	\$108.16	\$108.16								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.38	\$108.16	\$0.00	\$15.06	\$19.40	\$0.00	\$20.11	\$4.26	\$9.59	\$0.80
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.70	\$2.70								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$2.16	\$2.16								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.49	\$5.39	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$200.87	\$113.55	\$0.00	\$15.28	\$19.81	\$0.00	\$37.58	\$4.26	\$9.59	\$0.80
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$137.83									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

Provider: <b>Florence Hand Home</b>			<u>Add-on Data and Percentages</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00207083A</b>			Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>			Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.1859</b>			<b>1.3617</b>	
			MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/20</b>			Qtrly BIMS score: <b>29.2%</b>	<b>1.0%</b>	Quarterly Medicaid CMI: <b>1.2631</b>			<b>1.5382</b>	
			Nurse Hours per On-Site Day/Quality Incentive: <b>4.87</b>			<b>3.0%</b>		Qtrly Mcaid CMI w RUG Wght Options: <b>1.2819</b>			<b>1.5656</b>	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> Hosp Based All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$12,721,783	\$5,532,940	\$0	\$1,812,718	\$826,548	\$1,082,209	\$2,162,000	\$70,890	\$1,234,478	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$36,680)	\$0	\$0	\$0	\$0	\$0	(\$36,680)		(\$32,356)	\$32,356
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$12,685,103	\$5,532,940	\$0	\$1,812,718	\$826,548	\$1,082,209	\$2,125,320	\$70,890	\$1,202,122	\$32,356
8	Total Nursing Facility Days As Filed Days = 49,987	FY12 Audited C/R Days	49,987									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 49,766	FY 18 GL-PL Ins Rpt Days								49,766		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$253.78	\$110.69	\$0.00	\$36.26	\$38.19	(with L&H)	\$42.52	\$1.42	\$24.05	\$0.65
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.1859</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$93.34								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$93.34	\$0.00	\$36.26	\$38.19		\$42.52	\$1.42	\$24.05	\$0.65
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$160.46	\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$1.42	14.08 (FRV)	\$0.65
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$19.30	\$9.56	\$0.00	\$3.90	\$3.09	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$179.76	\$81.07	\$0.00	\$33.05	\$26.18	\$0.00	\$23.31	\$1.42	\$14.08	\$0.65
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.2819</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.92								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.61	\$103.92	\$0.00	\$33.05	\$26.18	\$0.00	\$23.31	\$1.42	\$14.08	\$0.65
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.04	\$1.04								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.12	\$3.12								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.26	\$4.16	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$223.87	\$108.08	\$0.00	\$33.05	\$26.18	\$0.00	\$40.41	\$1.42	\$14.08	\$0.65
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$155.08									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

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<div> <div> Provider: <b>Folkston Park Care and Rehab</b>  Prvdr ID: <b>00141006A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: <b>N/A</b>  Qtrly BIMS score: <b>38.3%</b>  Nurse Hours per On-Site Day/Quality Incentive: <b>2.88</b> </div> <div> Facility Score: <b>N/A</b>  Add-on Percent: <b>13.37%</b>  2.5% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: <b>1.3444</b>  Quarterly Medicaid CMI: <b>1.3836</b>  Qtrly Mcaid CMI w RUG Wght Options: <b>1.4067</b> </div> <div> Facility Specific: <b>1.3444</b>  1.3836  1.4067 </div> <div> State-wide: <b>1.3617</b>  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,950,013	\$1,887,048	\$0	\$402,098	\$148,179	\$248,504	\$872,198	\$17,564	\$374,422	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$410,109)	(\$74,049)	\$0	(\$6,453)	\$6,158	(\$13,614)	(\$325,940)		(\$16,427)	\$20,216
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,539,904	\$1,812,999	\$0	\$395,645	\$154,337	\$234,890	\$546,258	\$17,564	\$357,995	\$20,216
8	Total Nursing Facility Days As Filed Days = 28,666	FY12 Audited C/R Days	28,699									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,433	FY 18 GL-PL Ins Rpt Days								27,433		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$123.36	\$63.17	\$0.00	\$13.79	\$13.56	(with L&H)	\$19.03	\$0.64	\$12.47	\$0.70
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<b>1.3444</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.99								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$46.99	\$0.00	\$13.79	\$13.56		\$19.03	\$0.64	\$12.47	\$0.70
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$103.00	\$46.99	\$0.00	\$13.79	\$13.56		\$19.03	\$0.64	8.29 (FRV)	\$0.70
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allownc %	\$12.47	\$6.28	\$0.00	\$1.84	\$1.81	\$0.00	\$2.54	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$115.47	\$53.27	\$0.00	\$15.63	\$15.37	\$0.00	\$21.57	\$0.64	\$8.29	\$0.70
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.4067</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$74.93								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$137.13	\$74.93	\$0.00	\$15.63	\$15.37	\$0.00	\$21.57	\$0.64	\$8.29	\$0.70
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem (Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.87	\$1.87								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.50	\$1.50								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.00	\$3.90	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$159.13</b>	<b>\$78.83</b>	<b>\$0.00</b>	<b>\$15.85</b>	<b>\$15.78</b>	<b>\$0.00</b>	<b>\$39.04</b>	<b>\$0.64</b>	<b>\$8.29</b>	<b>\$0.70</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$106.52</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Fort Gaines Healthcare, LLC</b>  Prvdr ID: <b>00140599A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: <b>N/A</b>  Qtrly BIMS score: <b>40.0%</b>  Nurse Hours per On-Site Day/Quality Incentive: <b>3.07</b> </div> <div> Facility Score: <b>N/A</b>  Add-on Percent: <b>13.37%</b>  2.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: <b>1.4652</b>  Quarterly Medicaid CMI: <b>2.0559</b>  Qtrly Mcaid CMI w RUG Wght Options: <b>2.0965</b> </div> <div> Facility Specific: <b>1.4652</b>  2.0559  2.0965 </div> <div> State-wide: <b>1.3617</b>  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,803,512	\$1,241,089	\$0	\$300,008	\$170,994	\$176,340	\$443,880	\$17,360	\$453,841	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$156,302)	(\$90,555)	\$0	(\$7,170)	(\$4,452)	\$8,396	(\$33,119)		(\$66,688)	\$37,286
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,647,210	\$1,150,534	\$0	\$292,838	\$166,542	\$184,736	\$410,761	\$17,360	\$387,153	\$37,286
8	Total Nursing Facility Days As Filed Days = 20,637	FY12 Audited C/R Days	20,637									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,990	FY 18 GL-PL Ins Rpt Days								18,990		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$128.34	\$55.75	\$0.00	\$14.19	\$17.02	(with L&H)	\$19.90	\$0.91	\$18.76	\$1.81
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4652								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$38.05								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$38.05	\$0.00	\$14.19	\$17.02		\$19.90	\$0.91	\$18.76	\$1.81
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$110.87	\$38.05	\$0.00	\$14.19	\$17.02		\$19.90	\$0.91	18.99 (FRV)	\$1.81
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allownc %	\$11.93	\$5.09	\$0.00	\$1.90	\$2.28	\$0.00	\$2.66	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$122.80	\$43.14	\$0.00	\$16.09	\$19.30	\$0.00	\$22.56	\$0.91	\$18.99	\$1.81
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		2.0965								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.44								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$170.10	\$90.44	\$0.00	\$16.09	\$19.30	\$0.00	\$22.56	\$0.91	\$18.99	\$1.81
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem (Istd - Ahdw) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.26	\$2.26								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.71	\$2.71								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.60	\$5.50	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$193.70	\$95.94	\$0.00	\$16.31	\$19.71	\$0.00	\$40.03	\$0.91	\$18.99	\$1.81
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$132.45									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

Provider: <b>Fort Valley Nursing Ctr.</b>			<u>Add-on Data and Percentages</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00141028A</b>			Growth Allowance:			N/A	13.37%	Base Period Overall CMI:			1.5800	1.3617
Case Mix Per Diem Rate Effective Date: 4/1/2021			Qtrly BIMS score			37.5%	2.5%	Quarterly Medicaid CMI:			1.8323	1.5382
MDS & Nurse Hrs Data per Quarter Ending: 12/31/20			Nurse Hours per On-Site Day/Quality Incentive:			2.43	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.8689	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group  <b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)  <b>Base Period Per Diem Allowed Amounts</b> As Filed Cost Center Costs (Routine & Special Svcs Combined) Audit Adjustments and Reallocations to Cost Center Costs Cost Center Costs After Audit Adjustments Total Nursing Facility Days As Filed Days = 25,374 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,497 Net Per Diems prior to Case Mix Adjstmt to Routine Svcs Base Period Facility <u>Case Mix Index</u> for All Residents Routine Svcs Case Mix Adjstd (CMA) Net Per Diem Net Per Diems after Case Mix Adjstmt to Routine Svcs Per Diem Standards (After Statewide CMA for Routine Svcs) Base Period Case Mix Adjusted Allowed Per Diem  <b>Quarterly Per Diem Rate Prior to Add-ons</b> Growth Allowance Percentage = <u>13.37%</u> CMA Allowed Per Diem (After Growth Allowance Add-on) Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem  <b>Quarterly Per Diem Add-on Amounts</b> Efficiency Add-on Per Diem ((Std - Ahdw) x .75, up to max, or 0) BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs) Nurse Staff Hrs / Quality Add-on Per Diem : <u>2.0%</u> (to Routine Svcs) Nursing Home Provider Fee Total Quarterly Per Diem Add-on Amounts	(see Policy Manual)   (see Policy Manual) (see Policy Manual)  As Filed FY12 C/R -FY 2018 GL-PL Rpt FY12 C/R Audit Adjstmts FY12 Audited C/R FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days Ln 7 / Ln 8 Col a from 4 qtrs of FY12 Ln 9 / Ln 10 RS = Ln 11, AllOthr = Ln 9 per Peer Group Limits Lesser of Ln 12 or Ln 13  Ln 14 x Grwth Allwnc % Ln 14 + Ln 15 per Current Qtr End Ln 16 x Ln 17 RS = Ln 18, AllOthr = Ln 16  (see Policy Manual) Ln 19 Col b x CPS Add-on Ln 19 Col b x Slfng Add-on (Fixed Amount) Sum of Lns 20 thru 23	   <									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Four County Health Care Center</b>  Prvdr ID: <b>00405292A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: <b>N/A</b>  Qtrly BIMS score: <b>49.0%</b>  Nurse Hours per On-Site Day/Quality Incentive: <b>3.45</b> </div> <div> Facility Score: <b>N/A</b>  Add-on Percent: <b>13.37%</b>  <b>5.5%</b>  <b>3.0%</b> </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: <b>1.4294</b>  Quarterly Medicaid CMI: <b>1.5715</b>  Qtrly Mcaid CMI w RUG Wght Options: <b>1.5993</b> </div> <div> Facility Specific: <b>1.4294</b>  <b>1.5715</b>  <b>1.5993</b> </div> <div> State-wide: <b>1.3617</b>  <b>1.5382</b>  <b>1.5656</b> </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,426,946	\$1,730,353	\$0	\$380,321	\$199,882	\$225,155	\$457,422	\$81,486	\$352,327	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$16,885)	\$0	\$0	(\$1,911)	\$0	\$0	(\$16,885)		(\$37,539)	\$39,450
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,410,061	\$1,730,353	\$0	\$378,410	\$199,882	\$225,155	\$440,537	\$81,486	\$314,788	\$39,450
8	Total Nursing Facility Days As Filed Days = 26,251	FY12 Audited C/R Days	26,251									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,992	FY 18 GL-PL Ins Rpt Days								27,992		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$129.71	\$65.92	\$0.00	\$14.42	\$16.19	(with L&H)	\$16.78	\$2.91	\$11.99	\$1.50
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4294								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.12								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$46.12	\$0.00	\$14.42	\$16.19		\$16.78	\$2.91	\$11.99	\$1.50
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$107.61	\$46.12	\$0.00	\$14.42	\$16.19		\$16.78	\$2.91	9.69 (FRV)	\$1.50
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$12.50	\$6.17	\$0.00	\$1.93	\$2.16	\$0.00	\$2.24	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$120.11	\$52.29	\$0.00	\$16.35	\$18.35	\$0.00	\$19.02	\$2.91	\$9.69	\$1.50
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5993								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$83.63								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$151.45	\$83.63	\$0.00	\$16.35	\$18.35	\$0.00	\$19.02	\$2.91	\$9.69	\$1.50
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.60	\$4.60								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.51	\$2.51								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.74	\$7.64	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$177.19	\$91.27	\$0.00	\$16.57	\$18.76	\$0.00	\$36.49	\$2.91	\$9.69	\$1.50
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$120.07									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

Provider: <b>Fox Glove Court Care and Rehab</b>			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: <b>00143074A</b>			Growth Allowance:		N/A	13.37%	Base Period Overall CMI:				1.5814	1.3617
Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>			Qtrly BIMS score		34.5%	2.5%	Quarterly Medicaid CMI:				1.9269	1.5382
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/20</b>			Nurse Hours per On-Site Day/Quality Incentive:		3.16	2.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.9641	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,028,377	\$2,738,111	\$0	\$508,161	\$213,847	\$380,194	\$1,348,813	\$322,292	\$516,959	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$477,587)	(\$176,249)	\$0	(\$19,614)	(\$353)	(\$22,839)	(\$257,168)		(\$47,242)	\$45,878
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,550,790	\$2,561,862	\$0	\$488,547	\$213,494	\$357,355	\$1,091,645	\$322,292	\$469,717	\$45,878
8	Total Nursing Facility Days As Filed Days = 36,744	FY12 Audited C/R Days	36,724									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,957	FY 18 GL-PL Ins Rpt Days								35,957		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$151.33	\$69.76	\$0.00	\$13.30	\$15.54	(with L&H)	\$29.73	\$8.96	\$12.79	\$1.25
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5814								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$44.11								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$44.11	\$0.00	\$13.30	\$15.54		\$29.73	\$8.96	\$12.79	\$1.25
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$111.63	\$44.11	\$0.00	\$13.30	\$15.54		\$20.56	\$8.96	7.91 (FRV)	\$1.25
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Althwic %	\$12.51	\$5.90	\$0.00	\$1.78	\$2.08	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$124.14	\$50.01	\$0.00	\$15.08	\$17.62	\$0.00	\$23.31	\$8.96	\$7.91	\$1.25
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.9641								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.22								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.35	\$98.22	\$0.00	\$15.08	\$17.62	\$0.00	\$23.31	\$8.96	\$7.91	\$1.25
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.46	\$2.46								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.96	\$1.96								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.68	\$4.95	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$195.03	\$103.17	\$0.00	\$15.30	\$18.03	\$0.00	\$40.41	\$8.96	\$7.91	\$1.25
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$133.45									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

Provider: <b>Friendship Health and Rehab Center</b>			Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00141567A</b>			Growth Allowance: N/A			37.1%	13.37%	Base Period Overall CMI: 1.2454			1.3617	
Case Mix Per Diem Rate Effective Date: 4/1/2021			Qtrly BIMS score			2.5%		Quarterly Medicaid CMI: 1.6664			1.5382	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/20			Nurse Hours per On-Site Day/Quality Incentive: 4.97			3.0%		Qtrly Mcaid CMI w RUG Wght Options: 1.6965			1.5656	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatnls & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,733,356	\$2,028,953	\$0	\$411,774	\$326,352	\$324,682	\$528,176	\$98,067	\$15,352	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$40,141)	(\$6,289)	\$0	\$0	\$0	(\$1,161)	(\$39,524)		(\$7,984)	\$14,817
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,693,215	\$2,022,664	\$0	\$411,774	\$326,352	\$323,521	\$488,652	\$98,067	\$7,368	\$14,817
8	Total Nursing Facility Days As Filed Days = 28,995	FY12 Audited C/R Days	28,995									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,896	FY 18 GL-PL Ins Rpt Days								28,896		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$127.37	\$69.76	\$0.00	\$14.20	\$22.41	(with L&H)	\$16.85	\$3.39	\$0.25	\$0.51
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2454								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.01								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$56.01	\$0.00	\$14.20	\$22.41		\$16.85	\$3.39	\$0.25	\$0.51
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$121.06	\$56.01	\$0.00	\$14.20	\$22.41		\$16.85	\$3.39	7.69 (FRV)	\$0.51
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14.64	\$7.49	\$0.00	\$1.90	\$3.00	\$0.00	\$2.25	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$135.70	\$63.50	\$0.00	\$16.10	\$25.41	\$0.00	\$19.10	\$3.39	\$7.69	\$0.51
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6965								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	\$107.73	\$107.73	\$0.00	\$16.10	\$25.41	\$0.00	\$19.10	\$3.39	\$7.69	\$0.51
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$179.93	\$107.73	\$0.00	\$16.10	\$25.41	\$0.00	\$19.10	\$3.39	\$7.69	\$0.51
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Sind - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.69	\$2.69								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.23	\$3.23								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.55	\$6.45	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$204.48	\$114.18	\$0.00	\$16.32	\$25.82	\$0.00	\$36.57	\$3.39	\$7.69	\$0.51
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$140.54									



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

**FINAL**

<div> <div> Provider: <b>Gateway Health and Rehab Center</b>  Prvdr ID: <b>00140786A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: <b>N/A</b>  Qtrly BIMS score: <b>32.3%</b>  Nurse Hours per On-Site Day/Quality Incentive: <b>4.09</b> </div> <div> Facility Score: <b>N/A</b>  Add-on Percent: <b>13.37%</b>  2.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: <b>1.3591</b>  Quarterly Medicaid CMI: <b>1.7715</b>  Qtrly Mcaid CMI w RUG Wght Options: <b>1.8065</b> </div> <div> Facility Specific: <b>1.3591</b>  State-wide: <b>1.3617</b>  <b>1.5382</b>  <b>1.5656</b> </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,672,213	\$1,449,766	\$0	\$295,579	\$197,632	\$192,022	\$456,762	\$67,243	\$13,209	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$25,792)	(\$4,437)	\$0	\$0	\$0	(\$197)	(\$26,122)		(\$8,245)	\$13,209
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,646,421	\$1,445,329	\$0	\$295,579	\$197,632	\$191,825	\$430,640	\$67,243	\$4,964	\$13,209
8	Total Nursing Facility Days As Filed Days = 20,215	FY12 Audited C/R Days	20,215									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,906	FY 18 GL-PL Ins Rpt Days								19,906		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$130.97	\$71.50	\$0.00	\$14.62	\$19.27	(with L&H)	\$21.30	\$3.38	\$0.25	\$0.65
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3591								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.61								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$52.61	\$0.00	\$14.62	\$19.27		\$21.30	\$3.38	\$0.25	\$0.65
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$117.71	\$52.61	\$0.00	\$14.62	\$19.27		\$20.56	\$3.38	6.62 (FRV)	\$0.65
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14.31	\$7.03	\$0.00	\$1.95	\$2.58	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$132.02	\$59.64	\$0.00	\$16.57	\$21.85	\$0.00	\$23.31	\$3.38	\$6.62	\$0.65
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8065								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.74								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$180.12	\$107.74	\$0.00	\$16.57	\$21.85	\$0.00	\$23.31	\$3.38	\$6.62	\$0.65
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.69	\$2.69								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Sfing Add-on	\$3.23	\$3.23								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.18	\$6.45	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$204.30</b>	<b>\$114.19</b>	<b>\$0.00</b>	<b>\$16.79</b>	<b>\$22.26</b>	<b>\$0.00</b>	<b>\$40.41</b>	<b>\$3.38</b>	<b>\$6.62</b>	<b>\$0.65</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$140.40</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

Provider: <b>Gibson Health &amp; Rehabilitation Center</b>				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: <b>00141116A</b>				Growth Allowance:		N/A	13.37%	Base Period Overall CMI:			1.3210	1.3617
Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>				Qtrly BIMS score		39.6%	2.5%	Quarterly Medicaid CMI:			1.6061	1.5382
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/20</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.36	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6332	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,366,989	\$2,406,999	\$0	\$463,905	\$255,790	\$294,003	\$579,783	\$99,223	\$267,286	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$18,499)	\$0	\$0	(\$1,960)	\$620	\$711	(\$20,399)		(\$23,380)	\$25,909
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,348,490	\$2,406,999	\$0	\$461,945	\$256,410	\$294,714	\$559,384	\$99,223	\$243,906	\$25,909
8	Total Nursing Facility Days As Filed Days = 33,226	FY12 Audited C/R Days	33,226									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,654	FY 18 GL-PL Ins Rpt Days								30,654		
9	Net Per Diems prior to Case Mix Adjstrmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$131.13	\$72.44	\$0.00	\$13.90	\$16.59	(with L&H)	\$16.84	\$3.24	\$7.34	\$0.78
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<b>1.3210</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.84								
12	Net Per Diems after Case Mix Adjstrmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$54.84	\$0.00	\$13.90	\$16.59		\$16.84	\$3.24	\$7.34	\$0.78
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$115.69	\$54.84	\$0.00	\$13.90	\$16.59		\$16.84	\$3.24	9.50 (FRV)	\$0.78
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$13.66	\$7.33	\$0.00	\$1.86	\$2.22	\$0.00	\$2.25	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$129.35	\$62.17	\$0.00	\$15.76	\$18.81	\$0.00	\$19.09	\$3.24	\$9.50	\$0.78
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.6332</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.54								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$168.72	\$101.54	\$0.00	\$15.76	\$18.81	\$0.00	\$19.09	\$3.24	\$9.50	\$0.78
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.54	\$2.54								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.05	\$3.05								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.22	\$6.12	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$192.94</b>	<b>\$107.66</b>	<b>\$0.00</b>	<b>\$15.98</b>	<b>\$19.22</b>	<b>\$0.00</b>	<b>\$36.56</b>	<b>\$3.24</b>	<b>\$9.50</b>	<b>\$0.78</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$131.88</b>									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Glen Eagle Healthcare and Rehab Prvdr ID: 003214231A H/B ? : No				<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: 40.0% Nurse Hours per On-Site Day/Quality Incentive: 2.89		Facility Score N/A 40.0% 2.89	Add-on Percent 13.37% 2.5% 2.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.6990 Quarterly Medicaid CMI: 1.7314 Qtrtly Mcaid CMI w RUG Wght Options: 1.5713			Facility Specific Use Stwd 1.6990 1.7314	State-wide 1.3617 1.5438 1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskprng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
Cost Center Peer Groups per Selected Options				1	1	2	1	1	1			
Type of Facility within Peer Group				All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
Bed Size Range within Peer Group				All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
Peer Group Standards: Percentile				90.0%	90.0%	90.0%	85.0%		50.0%			
Peer Group Standards: Multiplier				100.0%	100.0%	100.0%	100.0%		105.0%			
Efficiency Measures (Maximums)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Per Diem Costs and Add-ons												
GL-PL- Insurance Costs		FY2018 GL-PL Ins. Rpt								\$0.00		
Total Nursing Facility Days GL-PL Ins. Rpt		FY2018 GL-PL Ins. Rpt								0		
Standard Per Diem (After CMA for Routine Srvcs)		FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$9.31	\$0.00
Allowed @ 90% of Std			\$129.52	\$64.36		\$16.57	\$20.78		\$18.50		\$9.31	\$0.00
Growth Allowance 13.37%			\$16.07	\$8.60		\$2.22	\$2.78		\$2.47			
CMA Allowed Per Diem (After Growth Allowance)			\$148.62	\$72.96		\$18.79	\$23.56		\$20.97	\$ 3.03	9.31	\$0.00
Quarterly Facility Case Mix Index for Medicaid Residents				1.7314							(FRV Rate)	
Qtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem				\$126.33								
Quarterly Medicaid CMA Allowed Per Diem			\$201.99	\$126.33		\$18.79	\$23.56		\$20.97	\$3.03	\$9.31	\$0.00
Quarterly Per Diem Add-On Amounts												
BIMS Add-on Per Diem = 2.5% to Routine Srvcs)			\$3.16	\$3.16								
Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%			\$2.53	\$2.53								
Nursing Home Provider Fee			\$17.10						17.10			
Total Quarterly Per Diem Add-On Amounts			\$22.78									
Quarterly Case Mix Based Per Diem Rate			\$224.77	\$132.02		\$18.79	\$23.56		\$38.07	\$3.03	\$9.31	\$0.00
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%		\$155.76										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

Provider: <b>Glenn-Mor Nursing Home</b>			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: <b>00141149A</b>			Growth Allowance:		N/A	13.37%	Base Period Overall CMI:				1.4211	1.3617
Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>			Qtrly BIMS score		40.0%	2.5%	Quarterly Medicaid CMI:				1.2608	1.5382
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/20</b>			Nurse Hours per On-Site Day/Quality Incentive:		3.87	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.2807	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,369,934	\$1,788,739	\$0	\$812,926	\$197,837	\$336,653	\$786,198	\$12,901	\$434,680	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$34,753)	\$0	\$0	\$0	(\$2,626)	(\$4,469)	(\$21,977)		(\$12,352)	\$6,671
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,335,181	\$1,788,739	\$0	\$812,926	\$195,211	\$332,184	\$764,221	\$12,901	\$422,328	\$6,671
8	Total Nursing Facility Days As Filed Days = 22,464	FY12 Audited C/R Days	22,464									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,314	FY 18 GL-PL Ins Rpt Days								21,314		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$193.03	\$79.63	\$0.00	\$36.19	\$23.48	(with L&H)	\$34.02	\$0.61	\$18.80	\$0.30
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4211								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.04								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$56.04	\$0.00	\$36.19	\$23.48		\$34.02	\$0.61	\$18.80	\$0.30
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$139.92	\$56.04	\$0.00	\$29.15	\$23.09		\$20.56	\$0.61	10.17 (FRV)	\$0.30
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$17.23	\$7.49	\$0.00	\$3.90	\$3.09	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$157.15	\$63.53	\$0.00	\$33.05	\$26.18	\$0.00	\$23.31	\$0.61	\$10.17	\$0.30
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2807								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$81.36								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.98	\$81.36	\$0.00	\$33.05	\$26.18	\$0.00	\$23.31	\$0.61	\$10.17	\$0.30
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Atdj) x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.03	\$2.03								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.44	\$2.44								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.10	\$5.00	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$197.08	\$86.36	\$0.00	\$33.05	\$26.18	\$0.00	\$40.41	\$0.61	\$10.17	\$0.30
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$134.99									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

**FINAL**

<div> <div> Provider: <b>Glenvue Nursing Home</b>  Prvdr ID: <b>00141171A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b> </div> <div> Nurse Hours per On-Site Day/Quality Incentive: </div> </div> <div> Add-on Data and Percentages  Growth Allowance: <b>N/A</b>  Qtrly BIMS score: <b>15.9%</b>  4.07 </div> <div> Facility Score: <b>N/A</b>  Add-on Percent: <b>13.37%</b>  0.0%  2.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: <b>1.1177</b>  Quarterly Medicaid CMI: <b>1.6442</b>  Qtrly Mcaid CMI w RUG Wght Options: <b>1.6766</b> </div> <div> Facility Specific: <b>1.1177</b>  1.6442  1.6766 </div> <div> State-wide: <b>1.3617</b>  1.5382  1.5656 </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operalns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>Hosp Based</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
3	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,418,732	\$3,856,931	\$0	\$1,166,738	\$342,378	\$393,106	\$936,768	\$90,989	\$631,822	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$2,096)	\$27,282	\$0	(\$418)	\$0	\$155	(\$29,115)		(\$23,365)	\$23,365
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,416,636	\$3,884,213	\$0	\$1,166,320	\$342,378	\$393,261	\$907,653	\$90,989	\$608,457	\$23,365
8	Total Nursing Facility Days	As Filed Days = 39,990	39,990									
8	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 40,858								40,858		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$185.43	\$97.13	\$0.00	\$29.17	\$18.40	(with L&H)	\$22.70	\$2.23	\$15.22	\$0.58
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.1177</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.90								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$86.90	\$0.00	\$29.17	\$18.40		\$22.70	\$2.23	\$15.22	\$0.58
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$151.05	\$71.51	\$0.00	\$29.15	\$18.40		\$20.56	\$2.23	8.62 (FRV)	\$0.58
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$18.67	\$9.56	\$0.00	\$3.90	\$2.46	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$169.72	\$81.07	\$0.00	\$33.05	\$20.86	\$0.00	\$23.31	\$2.23	\$8.62	\$0.58
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.6766</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$135.92								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$224.57	\$135.92	\$0.00	\$33.05	\$20.86	\$0.00	\$23.31	\$2.23	\$8.62	\$0.58
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem (Stand - Alwdj x .75, up to max, or 0)	(see Policy Manual)	\$0.41	\$0.00	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$2.72	\$2.72								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.23	\$2.72	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$244.80</b>	<b>\$138.64</b>	<b>\$0.00</b>	<b>\$33.05</b>	<b>\$21.27</b>	<b>\$0.00</b>	<b>\$40.41</b>	<b>\$2.23</b>	<b>\$8.62</b>	<b>\$0.58</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$170.78</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

**FINAL**

<div> <div> Provider: <b>Glenwood Health and Rehab Center</b>  Prvdr ID: <b>00220514A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score 38.9%  Nurse Hours per On-Site Day/Quality Incentive: 3.41 </div> <div> Facility Score  Add-on Percent  13.37%  2.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.4921  Quarterly Medicaid CMI: 1.4039  Qtrly Mcaid CMI w RUG Wght Options: 1.4261 </div> <div> Facility Specific  State-wide  1.3617  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$10,895,177	\$6,195,898	\$0	\$1,007,691	\$424,893	\$542,118	\$2,298,499	\$5,843	\$420,235	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$629,074)	(\$83,411)	\$0	\$0	\$0	\$21,826	(\$582,588)		(\$69,229)	\$84,328
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$10,266,103	\$6,112,487	\$0	\$1,007,691	\$424,893	\$563,944	\$1,715,911	\$5,843	\$351,006	\$84,328
8	Total Nursing Facility Days As Filed Days = 76,649	FY12 Audited C/R Days	76,649									
8	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 77,164	FY 18 GL-PL Ins Rpt Days								77,164		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$133.95	\$79.75	\$0.00	\$13.15	\$12.90	(with L&H)	\$22.39	\$0.08	\$4.58	\$1.10
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4921								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.45								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$53.45	\$0.00	\$13.15	\$12.90		\$22.39	\$0.08	\$4.58	\$1.10
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$108.39	\$53.45	\$0.00	\$13.15	\$12.90		\$20.56	\$0.08	7.15 (FRV)	\$1.10
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allownc %	\$13.38	\$7.15	\$0.00	\$1.76	\$1.72	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$121.77	\$60.60	\$0.00	\$14.91	\$14.62	\$0.00	\$23.31	\$0.08	\$7.15	\$1.10
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4261								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.42								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$147.59	\$86.42	\$0.00	\$14.91	\$14.62	\$0.00	\$23.31	\$0.08	\$7.15	\$1.10
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([SInd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.16	\$2.16								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.59	\$2.59								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.01	\$5.28	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$170.60	\$91.70	\$0.00	\$15.13	\$15.03	\$0.00	\$40.41	\$0.08	\$7.15	\$1.10
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$115.13									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

Provider: <b>Glenwood Healthcare</b>			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: <b>701562744A</b>			Growth Allowance:		N/A	13.37%	Base Period Overall CMI:				1.4106	1.3617
Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>			Qtrly BIMS score		31.0%	2.5%	Quarterly Medicaid CMI:				1.4613	1.5382
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/20</b>			Nurse Hours per On-Site Day/Quality Incentive:		2.59	2.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.4887	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,182,871	\$1,010,543	\$0	\$257,833	\$147,342	\$126,843	\$355,455	\$10,455	\$274,400	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	\$116,046	\$0	\$0	\$0	\$0	\$0	\$69,122		(\$4,323)	\$51,247
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,298,917	\$1,010,543	\$0	\$257,833	\$147,342	\$126,843	\$424,577	\$10,455	\$270,077	\$51,247
8	Total Nursing Facility Days As Filed Days = 17,349	FY12 Audited C/R Days	17,349									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 16,109	FY 18 GL-PL Ins Rpt Days								16,109		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$132.55	\$58.25	\$0.00	\$14.86	\$15.80	(with L&H)	\$24.47	\$0.65	\$15.57	\$2.95
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.4106</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$41.29								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$41.29	\$0.00	\$14.86	\$15.80		\$24.47	\$0.65	\$15.57	\$2.95
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$110.96	\$41.29	\$0.00	\$14.86	\$15.80		\$20.56	\$0.65	14.85 (FRV)	\$2.95
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$12.37	\$5.52	\$0.00	\$1.99	\$2.11	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$123.33	\$46.81	\$0.00	\$16.85	\$17.91	\$0.00	\$23.31	\$0.65	\$14.85	\$2.95
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.4887</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$69.69								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$146.21	\$69.69	\$0.00	\$16.85	\$17.91	\$0.00	\$23.31	\$0.65	\$14.85	\$2.95
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Ahd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.74	\$1.74								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.39	\$1.39								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.39	\$3.66	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$167.60	\$73.35	\$0.00	\$17.07	\$18.32	\$0.00	\$40.41	\$0.65	\$14.85	\$2.95
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$112.88									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Gold City Health and Rehabilitation Ctr</b>  Prvdr ID: <b>00142975A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 30.6%  Nurse Hours per On-Site Day/Quality Incentive: 2.57 </div> <div> Facility Score  Add-on Percent  13.37%  2.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.5030  Quarterly Medicaid CMI: 1.7790  Qtrly Mcaid CMI w RUG Wght Options: 1.8103 </div> <div> Facility Specific  1.5030  1.7790  1.8103 </div> <div> State-wide  1.3617  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,352,187	\$1,925,940	\$0	\$316,882	\$164,645	\$199,723	\$521,161	\$19,687	\$204,149	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$72,395)	\$0	\$0	\$0	\$0	\$0	(\$72,395)		(\$25,679)	\$25,679
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,279,792	\$1,925,940	\$0	\$316,882	\$164,645	\$199,723	\$448,766	\$19,687	\$178,470	\$25,679
8	Total Nursing Facility Days As Filed Days = 31,811	FY12 Audited C/R Days	31,811									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,993	FY 18 GL-PL Ins Rpt Days								33,993		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$103.06	\$60.54	\$0.00	\$9.96	\$11.45	(with L&H)	\$14.11	\$0.58	\$5.61	\$0.81
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5030								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$40.28								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$40.28	\$0.00	\$9.96	\$11.45		\$14.11	\$0.58	\$5.61	\$0.81
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$85.88	\$40.28	\$0.00	\$9.96	\$11.45		\$14.11	\$0.58	8.69 (FRV)	\$0.81
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Alwnc %	\$10.14	\$5.39	\$0.00	\$1.33	\$1.53	\$0.00	\$1.89	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$96.02	\$45.67	\$0.00	\$11.29	\$12.98	\$0.00	\$16.00	\$0.58	\$8.69	\$0.81
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8103								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.68								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$133.03	\$82.68	\$0.00	\$11.29	\$12.98	\$0.00	\$16.00	\$0.58	\$8.69	\$0.81
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.07	\$2.07								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.48	\$2.48								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.18	\$5.08	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$156.21	\$87.76	\$0.00	\$11.51	\$13.39	\$0.00	\$33.47	\$0.58	\$8.69	\$0.81
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$104.33									



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Gordon Health Care Center</b>  Prvdr ID: <b>00202848A</b> </div> <div> <div>Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b></div> <div>MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b></div> </div> <div> <div> Add-on Data and Percentages  Growth Allowance: <b>N/A</b>  Qtrly BIMS score: <b>33.8%</b>  Nurse Hours per On-Site Day/Quality Incentive: <b>3.40</b> </div> <div> Facility Score: <b>N/A</b>  Add-on Percent: <b>13.37%</b>  2.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: <b>1.3364</b>  Quarterly Medicaid CMI: <b>1.5296</b>  Qtrly Mcaid CMI w RUG Wght Options: <b>1.5559</b> </div> <div> Facility Specific: <b>1.3364</b>  1.5296  1.5559 </div> <div> State-wide: <b>1.3617</b>  1.5362  1.5656 </div> </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R - FY 2018 GL-PL Rpt	\$6,100,809	\$3,284,919	\$0	\$635,668	\$334,242	\$331,994	\$726,760	\$111,666	\$675,560	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$27,871)	(\$691)	\$0	\$0	\$0	\$0	(\$27,180)		(\$28,457)	\$28,457
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,072,938	\$3,284,228	\$0	\$635,668	\$334,242	\$331,994	\$699,580	\$111,666	\$647,103	\$28,457
8	Total Nursing Facility Days As Filed Days = 41,699	FY12 Audited C/R Days	41,699									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,095	FY 18 GL-PL Ins Rpt Days								40,095		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$145.75	\$78.76	\$0.00	\$15.24	\$15.98	(with L&H)	\$16.78	\$2.79	\$15.52	\$0.68
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3364								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.94								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$58.94	\$0.00	\$15.24	\$15.98		\$16.78	\$2.79	\$15.52	\$0.68
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$119.53	\$58.94	\$0.00	\$15.24	\$15.98		\$16.78	\$2.79	9.12 (FRV)	\$0.68
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14.30	\$7.88	\$0.00	\$2.04	\$2.14	\$0.00	\$2.24	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$133.83	\$66.82	\$0.00	\$17.28	\$18.12	\$0.00	\$19.02	\$2.79	\$9.12	\$0.68
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5559								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	\$103.97	\$103.97								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$170.98	\$103.97	\$0.00	\$17.28	\$18.12	\$0.00	\$19.02	\$2.79	\$9.12	\$0.68
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem (Std - Alwdj x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.60	\$2.60								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$3.12	\$3.12								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.35	\$6.25	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$195.33	\$110.22	\$0.00	\$17.50	\$18.53	\$0.00	\$36.49	\$2.79	\$9.12	\$0.68
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$133.67									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Grace Health Care of Tucker</b>  Prvdr ID: <b>00083267A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 27.3%  Nurse Hours per On-Site Day/Quality Incentive: 3.35 </div> <div> Facility Score: N/A  Add-on Percent: 13.37%  1.0%  2.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.5096  Quarterly Medicaid CMI: 1.5566  Qtrly Mcaid CMI w RUG Wght Options: 1.5841 </div> <div> Facility Specific: 1.5096  1.5566  1.5841 </div> <div> State-wide: 1.3617  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,549,909	\$3,263,393	\$0	\$664,916	\$427,723	\$331,978	\$1,156,191	\$91,936	\$613,772	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$60,625)	(\$782)	\$0	(\$183)	\$9,124	\$5,837	(\$88,759)		(\$45,919)	\$60,057
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,489,284	\$3,262,611	\$0	\$664,733	\$436,847	\$337,815	\$1,067,432	\$91,936	\$567,853	\$60,057
8	Total Nursing Facility Days As Filed Days = 43,235	FY12 Audited C/R Days	43,235									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,467	FY 18 GL-PL Ins Rpt Days								40,467		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$150.23	\$75.46	\$0.00	\$15.37	\$17.92	(with L&H)	\$24.69	\$2.27	\$13.13	\$1.39
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5096								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.99								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$49.99	\$0.00	\$15.37	\$17.92		\$24.69	\$2.27	\$13.13	\$1.39
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$117.67	\$49.99	\$0.00	\$15.37	\$17.92		\$20.56	\$2.27	10.17 (FRV)	\$1.39
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Growth Althnc %	\$13.88	\$6.68	\$0.00	\$2.05	\$2.40	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$131.55	\$56.67	\$0.00	\$17.42	\$20.32	\$0.00	\$23.31	\$2.27	\$10.17	\$1.39
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5841								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.77								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$164.65	\$89.77	\$0.00	\$17.42	\$20.32	\$0.00	\$23.31	\$2.27	\$10.17	\$1.39
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.90	\$0.90								
22	Nurse Staff Hrs / Quality Add-on Per Diem: 2.0% (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$1.80	\$1.80								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.96	\$3.23	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$185.61</b>	<b>\$93.00</b>	<b>\$0.00</b>	<b>\$17.64</b>	<b>\$20.73</b>	<b>\$0.00</b>	<b>\$40.41</b>	<b>\$2.27</b>	<b>\$10.17</b>	<b>\$1.39</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$126.38</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Gracemore Nursing Center</b>  Prvdr ID: <b>00141182A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b> </div> <div> Nurse Hours per On-Site Day/Quality Incentive: </div> </div> <div> Add-on Data and Percentages  Growth Allowance: <b>N/A</b>  Qtrly BIMS score: <b>23.1%</b>  5.20 </div> <div> Facility Score: <b>N/A</b>  13.37%  1.0%  3.0% </div> <div> Add-on Percent: </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: <b>1.1896</b>  Quarterly Medicaid CMI: <b>1.6957</b>  Qtrly Mcaid CMI w RUG Wght Options: <b>1.7270</b>  1.5656 </div> <div> Facility Specific: </div> <div> State-wide: </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,277,350	\$1,215,491	\$0	\$340,908	\$140,736	\$148,874	\$323,363	\$38,187	\$69,791	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$34,124)	\$0	\$0	\$0	\$0	\$560	(\$34,137)		(\$24,197)	\$23,650
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,243,226	\$1,215,491	\$0	\$340,908	\$140,736	\$149,434	\$289,226	\$38,187	\$45,594	\$23,650
8	Total Nursing Facility Days As Filed Days = 17,282	FY12 Audited C/R Days	17,282									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,700	FY 18 GL-PL Ins Rpt Days								15,700		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$130.03	\$70.33	\$0.00	\$19.73	\$16.79	(with L&H)	\$16.74	\$2.43	\$2.64	\$1.37
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1896								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.12								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$59.12	\$0.00	\$19.73	\$16.79		\$16.74	\$2.43	\$2.64	\$1.37
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$122.43	\$59.12	\$0.00	\$18.41	\$16.79		\$16.74	\$2.43	7.57 (FRV)	\$1.37
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14.84	\$7.90	\$0.00	\$2.46	\$2.24	\$0.00	\$2.24	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$137.27	\$67.02	\$0.00	\$20.87	\$19.03	\$0.00	\$18.98	\$2.43	\$7.57	\$1.37
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7270								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.74								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$185.99	\$115.74	\$0.00	\$20.87	\$19.03	\$0.00	\$18.98	\$2.43	\$7.57	\$1.37
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Awd] x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.16	\$1.16								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.47	\$3.47								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.04	\$5.16	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$209.03</b>	<b>\$120.90</b>	<b>\$0.00</b>	<b>\$20.87</b>	<b>\$19.44</b>	<b>\$0.00</b>	<b>\$36.45</b>	<b>\$2.43</b>	<b>\$7.57</b>	<b>\$1.37</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$143.95</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Grandview Health Care Center</b>  Prvdr ID: <b>00141226A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: <b>N/A</b>  Qtrly BIMS score: <b>33.3%</b>  Nurse Hours per On-Site Day/Quality Incentive: <b>3.30</b> </div> <div> Facility Score: <b>N/A</b>  Add-on Percent: <b>13.37%</b>  2.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: <b>1.2061</b>  Quarterly Medicaid CMI: <b>1.6945</b>  Qtrly Mcaid CMI w RUG Wght Options: <b>1.7276</b> </div> <div> Facility Specific: <b>1.2061</b>  State-wide: <b>1.3617</b>  1.6945  1.5382  1.7276  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,271,753	\$1,692,297	\$0	\$412,181	\$166,691	\$227,537	\$518,071	\$65,910	\$189,066	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$56,977)	\$129	\$0	\$0	\$0	(\$2,824)	(\$100,713)		\$10,190	\$36,241
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,214,776	\$1,692,426	\$0	\$412,181	\$166,691	\$224,713	\$417,358	\$65,910	\$199,256	\$36,241
8	Total Nursing Facility Days As Filed Days = 21,651	FY12 Audited C/R Days	21,651									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,923	FY 18 GL-PL Ins Rpt Days								20,923		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$148.59	\$78.17	\$0.00	\$19.04	\$18.08	(with L&H)	\$19.28	\$3.15	\$9.20	\$1.67
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.2061</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.81								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$64.81	\$0.00	\$19.04	\$18.08		\$19.28	\$3.15	\$9.20	\$1.67
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$135.30	\$64.81	\$0.00	\$18.41	\$18.08		\$19.28	\$3.15	9.90 (FRV)	\$1.67
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$16.13	\$8.67	\$0.00	\$2.46	\$2.42	\$0.00	\$2.58	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$151.43	\$73.48	\$0.00	\$20.87	\$20.50	\$0.00	\$21.86	\$3.15	\$9.90	\$1.67
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.7276</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$126.94								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$204.89	\$126.94	\$0.00	\$20.87	\$20.50	\$0.00	\$21.86	\$3.15	\$9.90	\$1.67
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Sind - Awd) x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.17	\$3.17								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.81	\$3.81								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.39	\$7.51	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$230.28</b>	<b>\$134.45</b>	<b>\$0.00</b>	<b>\$20.87</b>	<b>\$20.91</b>	<b>\$0.00</b>	<b>\$39.33</b>	<b>\$3.15</b>	<b>\$9.90</b>	<b>\$1.67</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$159.89</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

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<div> <div> Provider: <b>Green Acres Health &amp; Rehab</b>  Prvdr ID: <b>00083014A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: <b>N/A</b>  Qtrly BIMS score: <b>37.7%</b>  Nurse Hours per On-Site Day/Quality Incentive: <b>2.99</b> </div> <div> Facility Score: <b>N/A</b>  Add-on Percent: <b>13.37%</b>  2.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: <b>1.1607</b>  Quarterly Medicaid CMI: <b>1.3660</b>  Qtrly Mcaid CMI w RUG Wght Options: <b>1.3898</b> </div> <div> Facility Specific: <b>1.1607</b>  1.3660  1.3898 </div> <div> State-wide: <b>1.3617</b>  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatlns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,732,591	\$2,447,155	\$0	\$499,497	\$276,128	\$300,060	\$614,138	\$93,995	\$501,618	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$24,372)	\$0	\$0	(\$1,736)	\$0	\$0	(\$24,372)		(\$23,606)	\$25,342
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,708,219	\$2,447,155	\$0	\$497,761	\$276,128	\$300,060	\$589,766	\$93,995	\$478,012	\$25,342
8	Total Nursing Facility Days As Filed Days = 34,016	FY12 Audited C/R Days	34,016									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,313	FY 18 GL-PL Ins Rpt Days								33,313		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$138.47	\$71.94	\$0.00	\$14.63	\$16.94	(with L&H)	\$17.34	\$2.82	\$14.05	\$0.75
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1607								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.98								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$61.98	\$0.00	\$14.63	\$16.94		\$17.34	\$2.82	\$14.05	\$0.75
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$123.48	\$61.98	\$0.00	\$14.63	\$16.94		\$17.34	\$2.82	9.02 (FRV)	\$0.75
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allownc %	\$14.83	\$8.29	\$0.00	\$1.96	\$2.26	\$0.00	\$2.32	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$138.31	\$70.27	\$0.00	\$16.59	\$19.20	\$0.00	\$19.66	\$2.82	\$9.02	\$0.75
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3898								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.66								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$165.70	\$97.66	\$0.00	\$16.59	\$19.20	\$0.00	\$19.66	\$2.82	\$9.02	\$0.75
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([SInd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.44	\$2.44								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.93	\$2.93								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.00	\$5.90	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$189.70</b>	<b>\$103.56</b>	<b>\$0.00</b>	<b>\$16.81</b>	<b>\$19.61</b>	<b>\$0.00</b>	<b>\$37.13</b>	<b>\$2.82</b>	<b>\$9.02</b>	<b>\$0.75</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$129.45</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

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<div> <div> Provider: <b>Greene Point Healthcare</b>  Prvdr ID: <b>00142634A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 50.0%  Nurse Hours per On-Site Day/Quality Incentive: 3.34 </div> <div> Add-on Percent  13.37%  5.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.2987  Quarterly Medicaid CMI: 1.4221  Qtrly Mcaid CMI w RUG Wght Options: 1.4458 </div> <div> Facility Specific  1.2987  1.4221  1.4458 </div> <div> State-wide  1.3617  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,236,306	\$1,726,719	\$0	\$362,291	\$192,080	\$227,744	\$421,381	\$60,880	\$245,211	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$13,461)	\$0	\$0	(\$1,819)	\$168	\$0	(\$13,629)		(\$11,992)	\$13,811
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,222,845	\$1,726,719	\$0	\$360,472	\$192,248	\$227,744	\$407,752	\$60,880	\$233,219	\$13,811
8	Total Nursing Facility Days As Filed Days = 22,060	FY12 Audited C/R Days	22,060									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,118	FY 18 GL-PL Ins Rpt Days								21,118		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$146.21	\$78.27	\$0.00	\$16.34	\$19.04	(with L&H)	\$18.48	\$2.88	\$10.57	\$0.63
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2987								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.27								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$60.27	\$0.00	\$16.34	\$19.04		\$18.48	\$2.88	\$10.57	\$0.63
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$129.71	\$60.27	\$0.00	\$16.34	\$19.04		\$18.48	\$2.88	12.07 (FRV)	\$0.63
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allownc %	\$15.26	\$8.06	\$0.00	\$2.18	\$2.55	\$0.00	\$2.47	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$144.97	\$68.33	\$0.00	\$18.52	\$21.59	\$0.00	\$20.95	\$2.88	\$12.07	\$0.63
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4458								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.79								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$175.43	\$98.79	\$0.00	\$18.52	\$21.59	\$0.00	\$20.95	\$2.88	\$12.07	\$0.63
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.43	\$5.43								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$2.96	\$2.96								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.02	\$8.92	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$202.45	\$107.71	\$0.00	\$18.74	\$22.00	\$0.00	\$38.42	\$2.88	\$12.07	\$0.63
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$139.01									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

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Provider: <b>Gwinnett Extended Care Center</b>				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00781382A</b>				Growth Allowance:		N/A	13.37%	Base Period Overall CMI:			1.4525	1.3617
Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>				Qtrly BIMS score		42.9%	2.5%	Quarterly Medicaid CMI:			1.4872	1.5382
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/20</b>				Nurse Hours per On-Site Day/Quality Incentive:		6.76	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5155	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskprng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group  <b>Peer Group Standards &amp; Efficiency Measure Limits</b>	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$9,066,530	\$4,469,050	\$0	\$1,039,911	\$429,533	\$796,742	\$1,142,544	\$9,921	\$1,178,829	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$9,017)	\$0	\$0	\$0	\$997	\$1,850	(\$14,601)		\$2,737	\$0
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$9,057,514	\$4,469,050	\$0	\$1,039,911	\$430,530	\$798,592	\$1,127,943	\$9,921	\$1,181,566	\$0
8	Total Nursing Facility Days As Filed Days = 31,822	FY12 Audited C/R Days	31,822									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,727	FY 18 GL-PL Ins Rpt Days								29,727		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$284.65	\$140.44	\$0.00	\$32.68	\$38.62	(with L&H)	\$35.45	\$0.33	\$37.13	\$0.00
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.4525</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$96.69								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$96.69	\$0.00	\$32.68	\$38.62		\$35.45	\$0.33	\$37.13	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$158.30	\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.33	13.66 (FRV)	\$0.00
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$19.30	\$9.56	\$0.00	\$3.90	\$3.09	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$177.60	\$81.07	\$0.00	\$33.05	\$26.18	\$0.00	\$23.31	\$0.33	\$13.66	\$0.00
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.5155</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$122.86								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$219.39	\$122.86	\$0.00	\$33.05	\$26.18	\$0.00	\$23.31	\$0.33	\$13.66	\$0.00
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([SInd - Awd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.07	\$3.07								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.46	\$2.46								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.63	\$5.53	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$242.02	\$128.39	\$0.00	\$33.05	\$26.18	\$0.00	\$40.41	\$0.33	\$13.66	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$168.69									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

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Provider: <b>Habersham Home</b>			Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00141292A</b>			Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>			Growth Allowance: <b>N/A</b>	13.37%	Base Period Overall CMI: <b>1.1936</b>			1.1936	1.3617
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/20</b>			Nurse Hours per On-Site Day/Quality Incentive: <b>3.97</b>			Qtrly BIMS score <b>46.0%</b>	5.5%	Quarterly Medicaid CMI: <b>1.2401</b>			1.2401	1.5382
						3.97	3.0%	Qtrly Mcaid CMI w RUG Wght Options: <b>1.2612</b>			1.2612	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,494,717	\$3,058,555	\$0	\$368,081	\$580,732	\$410,151	\$505,120	\$78,219	\$493,859	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$440,211)	(\$480,948)	\$0	\$0	\$0	\$60	\$40,677		\$0	\$0
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,054,506	\$2,577,607	\$0	\$368,081	\$580,732	\$410,211	\$545,797	\$78,219	\$493,859	\$0
8	Total Nursing Facility Days As Filed Days = 30,201	FY12 Audited C/R Days	30,201									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,884	FY 18 GL-PL Ins Rpt Days								27,884		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$167.58	\$85.35	\$0.00	\$12.19	\$32.81	(with L&H)	\$18.07	\$2.81	\$16.35	\$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1936								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.51								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$71.51	\$0.00	\$12.19	\$32.81		\$18.07	\$2.81	\$16.35	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$135.72	\$71.51	\$0.00	\$12.19	\$23.09		\$18.07	\$2.81	8.05 (FRV)	\$0.00
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Altwmc %	\$16.70	\$9.56	\$0.00	\$1.63	\$3.09	\$0.00	\$2.42	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$152.42	\$81.07	\$0.00	\$13.82	\$26.18	\$0.00	\$20.49	\$2.81	\$8.05	\$0.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2612								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.25								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$173.60	\$102.25	\$0.00	\$13.82	\$26.18	\$0.00	\$20.49	\$2.81	\$8.05	\$0.00
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.59	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.62	\$5.62								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.07	\$3.07								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.38	\$8.69	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$199.98	\$110.94	\$0.00	\$14.04	\$26.18	\$0.00	\$37.96	\$2.81	\$8.05	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$137.16									



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY14 Cost Report Data

FINAL

Provider: <b>Haralson Nursing and Rehab Center</b>			Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00141325A</b>			Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>			Growth Allowance: <b>N/A</b>	13.37%	Base Period Overall CMI: <b>1.5429</b>			1.5429	1.4014
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/20</b>			Nurse Hours per On-Site Day/Quality Incentive:			Qtrly BIMS score <b>27.6%</b>	1.0%	Quarterly Medicaid CMI: <b>1.5824</b>			1.5824	1.5382
						3.09	2.0%	Qtrly Mcaid CMI w RUG Wght Options: <b>1.6105</b>			1.6105	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		<i>90.0%</i>	<i>90.0%</i>	<i>90.0%</i>	<i>85.0%</i>		<i>50.0%</i>			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		<i>100.0%</i>	<i>100.0%</i>	<i>100.0%</i>	<i>100.0%</i>		<i>105.0%</i>			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		<i>\$0.53</i>	<i>\$0.00</i>	<i>\$0.22</i>	<i>\$0.41</i>		<i>\$0.37</i>			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY 14 C/R - FY 18 GL-PL Rpt	\$2,857,633	\$1,304,386	\$0	\$245,183	\$123,691	\$120,759	\$458,508	\$210,807	\$394,299	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY14 C/R Audit Adjstmts	\$43,057	\$0	\$0	\$0	\$274	(\$6,813)	\$48,762		(\$15,211)	\$16,045
7	Cost Center Costs After Audit Adjustments	FY14 Audited C/R	\$2,900,690	\$1,304,386	\$0	\$245,183	\$123,965	\$113,946	\$507,270	\$210,807	\$379,088	\$16,045
8	Total Nursing Facility Days As Filed Days = 19,418	FY14 Audited C/R Days	19,418									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,231	FY 18 GL-PL Ins Rpt Days								36,231		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$144.34	\$67.17	\$0.00	\$12.63	\$12.25	(with L&H)	\$26.12	\$5.82	\$19.52	\$0.83
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY10		<b>1.5429</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$43.53								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$43.53	\$0.00	\$12.63	\$12.25		\$26.12	\$5.82	\$19.52	\$0.83
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.31	\$0.00	\$19.52	\$23.55		\$24.02	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$107.24	\$43.53	\$0.00	\$12.63	\$12.25		\$24.02	\$5.82	8.16 (FRV)	\$0.83
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.4%</u>	Ln 14 x Grwth Allwnc %	\$12.36	\$5.82	\$0.00	\$1.69	\$1.64	\$0.00	\$3.21	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$119.60	\$49.35	\$0.00	\$14.32	\$13.89	\$0.00	\$27.23	\$5.82	\$8.16	\$0.83
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.6105</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$79.48								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$149.73	\$79.48	\$0.00	\$14.32	\$13.89	\$0.00	\$27.23	\$5.82	\$8.16	\$0.83
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.79	\$0.79								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.59	\$1.59								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.64	\$2.91	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$170.37</b>	<b>\$82.39</b>	<b>\$0.00</b>	<b>\$14.54</b>	<b>\$14.30</b>	<b>\$0.00</b>	<b>\$44.33</b>	<b>\$5.82</b>	<b>\$8.16</b>	<b>\$0.83</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$114.95</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Harborview Health Systems of Jesup</b>  Prvdr ID: <b>00141611A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 20.0%  Nurse Hours per On-Site Day/Quality Incentive: 5.01 </div> <div> Facility Score  Add-on Percent  13.37%  1.0%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.4862  Quarterly Medicaid CMI: 1.4586  Qtrly Mcaid CMI w RUG Wght Options: 1.4829 </div> <div> Facility Specific  State-wide  1.3617  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,601,458	\$2,276,415	\$0	\$459,292	\$156,672	\$212,178	\$776,363	\$45,181	\$675,357	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstnts	(\$36,467)	\$0	\$0	\$0	\$0	\$0	(\$36,467)		(\$31,133)	\$31,133
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,564,991	\$2,276,415	\$0	\$459,292	\$156,672	\$212,178	\$739,896	\$45,181	\$644,224	\$31,133
8	Total Nursing Facility Days As Filed Days = 32,014	FY12 Audited C/R Days	32,014									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,579	FY 18 GL-PL Ins Rpt Days								30,579		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$142.66	\$71.11	\$0.00	\$14.35	\$11.52	(with L&H)	\$23.11	\$1.48	\$20.12	\$0.97
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4862								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.85								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$47.85	\$0.00	\$14.35	\$11.52		\$23.11	\$1.48	\$20.12	\$0.97
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$103.91	\$47.85	\$0.00	\$14.35	\$11.52		\$20.56	\$1.48	7.18 (FRV)	\$0.97
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Alkwn %	\$12.61	\$6.40	\$0.00	\$1.92	\$1.54	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$116.52	\$54.25	\$0.00	\$16.27	\$13.06	\$0.00	\$23.31	\$1.48	\$7.18	\$0.97
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4829								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$80.45								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$142.72	\$80.45	\$0.00	\$16.27	\$13.06	\$0.00	\$23.31	\$1.48	\$7.18	\$0.97
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem (ISnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.80	\$0.80								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.41	\$2.41								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.47	\$3.74	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$164.19	\$84.19	\$0.00	\$16.49	\$13.47	\$0.00	\$40.41	\$1.48	\$7.18	\$0.97
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$110.32									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Harborview Health Systems - Pierce</b>  Prvdr ID: <b>00142447A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score 34.0%  Nurse Hours per On-Site Day/Quality Incentive: 6.17 </div> <div> Facility Score  Add-on Percent  13.37%  2.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.2039  Quarterly Medicaid CMI: 1.6748  Qtrly Mcaid CMI w RUG Wght Options: 1.7067 </div> <div> Facility Specific  1.2039  1.6748  1.7067 </div> <div> State-wide  1.3617  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,088,551	\$3,155,485	\$0	\$784,196	\$36,621	\$528,430	\$1,268,859	\$45,310	\$269,650	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstnts	(\$156,005)	(\$186,194)	\$0	\$56,684	\$30,740	\$12,924	(\$70,159)		(\$16,096)	\$16,096
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,932,546	\$2,969,291	\$0	\$840,880	\$67,361	\$541,354	\$1,198,700	\$45,310	\$253,554	\$16,096
8	Total Nursing Facility Days As Filed Days = 26,836	FY12 Audited C/R Days	26,836									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,258	FY 18 GL-PL Ins Rpt Days								17,258		
9	Net Per Diems prior to Case Mix Adjstnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$222.01	\$110.65	\$0.00	\$31.33	\$22.68	(with L&H)	\$44.67	\$2.63	\$9.45	\$0.60
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2039								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$91.91								
12	Net Per Diems after Case Mix Adjstnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$91.91	\$0.00	\$31.33	\$22.68		\$44.67	\$2.63	\$9.45	\$0.60
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$161.74	\$71.51	\$0.00	\$29.15	\$22.68		\$20.56	\$2.63	14.61 (FRV)	\$0.60
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Alkwn %	\$19.24	\$9.56	\$0.00	\$3.90	\$3.03	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$180.98	\$81.07	\$0.00	\$33.05	\$25.71	\$0.00	\$23.31	\$2.63	\$14.61	\$0.60
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7067								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$138.36								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$238.27	\$138.36	\$0.00	\$33.05	\$25.71	\$0.00	\$23.31	\$2.63	\$14.61	\$0.60
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Snd - Akwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.31	\$0.00	\$0.00	\$0.00	\$0.31	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.46	\$3.46								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.15	\$4.15								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.02	\$7.61	\$0.00	\$0.00	\$0.31	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$263.29	\$145.97	\$0.00	\$33.05	\$26.02	\$0.00	\$40.41	\$2.63	\$14.61	\$0.60
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$184.64									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

Provider: Harborview Health Systems - Satilla				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00142755A				Growth Allowance: N/A		10.8%	13.37%	Base Period Overall CMI: 1.3231			1.3617	
Case Mix Per Diem Rate Effective Date: 4/1/2021				Qtrly BIMS score		0.0%	0.0%	Quarterly Medicaid CMI: 1.6147			1.5382	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/20				Nurse Hours per On-Site Day/Quality Incentive: 6.14		3.0%		Qtrly Mcaid CMI w RUG Wght Options: 1.6436			1.5656	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,325,269	\$4,064,367	\$0	\$876,299	\$26,317	\$611,920	\$1,498,239	\$47,490	\$200,637	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjmts	(\$243,571)	(\$268,365)	\$0	\$59,048	\$40,146	\$18,277	(\$92,677)		(\$16,117)	\$16,117
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,081,698	\$3,796,002	\$0	\$935,347	\$66,463	\$630,197	\$1,405,562	\$47,490	\$184,520	\$16,117
8	Total Nursing Facility Days As Filed Days = 32,718	FY12 Audited C/R Days	32,718									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,515	FY 18 GL-PL Ins Rpt Days								22,515		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$217.10	\$116.02	\$0.00	\$28.59	\$21.29	(with L&H)	\$42.96	\$2.11	\$5.64	\$0.49
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3231								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.69								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$87.69	\$0.00	\$28.59	\$21.29		\$42.96	\$2.11	\$5.64	\$0.49
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155.76	\$71.51	\$0.00	\$28.59	\$21.29		\$20.56	\$2.11	11.21 (FRV)	\$0.49
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$18.98	\$9.56	\$0.00	\$3.82	\$2.85	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$174.74	\$81.07	\$0.00	\$32.41	\$24.14	\$0.00	\$23.31	\$2.11	\$11.21	\$0.49
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6436								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$133.25								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$226.92	\$133.25	\$0.00	\$32.41	\$24.14	\$0.00	\$23.31	\$2.11	\$11.21	\$0.49
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem (ISnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.00	\$4.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.73	\$4.00	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$248.65	\$137.25	\$0.00	\$32.63	\$24.55	\$0.00	\$40.41	\$2.11	\$11.21	\$0.49
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$173.66									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Harborview Health Systems - Thomaston</b>  Prvdr ID: <b>00140621A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 30.4%  Nurse Hours per On-Site Day/Quality Incentive: 4.63 </div> <div> Facility Score  Add-on Percent  13.37%  2.5%  2.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.2365  Quarterly Medicaid CMI: 1.5419  Qtrly Mcaid CMI w RUG Wght Options: 1.5692 </div> <div> Facility Specific  State-wide  1.3617  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,879,521	\$2,542,032	\$0	\$548,554	\$198,378	\$213,772	\$895,255	\$59,739	\$421,791	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$51,686)	\$0	\$0	\$0	\$0	\$0	(\$51,686)		(\$33,092)	\$33,092
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,827,835	\$2,542,032	\$0	\$548,554	\$198,378	\$213,772	\$843,569	\$59,739	\$388,699	\$33,092
8	Total Nursing Facility Days As Filed Days = 36,047	FY12 Audited C/R Days	36,047									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,871	FY 18 GL-PL Ins Rpt Days								39,871		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$133.77	\$70.52	\$0.00	\$15.22	\$11.43	(with L&H)	\$23.40	\$1.50	\$10.78	\$0.92
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2365								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.03								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$57.03	\$0.00	\$15.22	\$11.43		\$23.40	\$1.50	\$10.78	\$0.92
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$115.39	\$57.03	\$0.00	\$15.22	\$11.43		\$20.56	\$1.50	8.73 (FRV)	\$0.92
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$13.93	\$7.62	\$0.00	\$2.03	\$1.53	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$129.32	\$64.65	\$0.00	\$17.25	\$12.96	\$0.00	\$23.31	\$1.50	\$8.73	\$0.92
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5692								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.45								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$166.12	\$101.45	\$0.00	\$17.25	\$12.96	\$0.00	\$23.31	\$1.50	\$8.73	\$0.92
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ([SInd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.54	\$2.54								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$2.03	\$2.03								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.83	\$5.10	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$188.95	\$106.55	\$0.00	\$17.47	\$13.37	\$0.00	\$40.41	\$1.50	\$8.73	\$0.92
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$128.89									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Harrington Park Prvdr ID: 003165726A H/B ? : No			Add-on Data and Percentages Growth Allowance: N/A BIMS: 13.0% Nurse Hours per On-Site Day/Quality Incentive: 3.61			Facility Score Add-on Percent N/A 13.37% 13.0% 0.0% 3.61 2.0%		Case Mix Index (CMI) Data Base Period Overall CMI: 1.4984 Quarterly Medicaid CMI: 1.5261 Qrtly Mcaid CMI w RUG Wght Options: 1.5261			Facility Specific Use Stwd 1.3617 1.4984 1.5438 1.5261 1.5713	
Case Mix Per Diem Rate Effective Date:	04/01/21		MDS & Nurse Hrs Data per Quarter Ending:	12/31/20								
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								\$ 47,854		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								17,334		
	Standard Per Diem (After CMA for Routine Svcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$37.80	\$7.37
	Allowed @ 95% of Std		\$172.06	\$67.93		\$17.49	\$21.94		\$19.53		\$37.80	\$7.37
	Growth Allowance 13.4%		\$16.97	\$9.08		\$2.34	\$2.93		\$2.61			
	CMA Allowed Per Diem (After Growth Allowance)		\$191.79	\$77.01		\$19.83	\$24.87		\$22.14	\$ 2.76	\$37.80	\$7.37
	Quarterly Facility Case Mix Index for Medicaid Residents			1.5261							(FRV Rate)	
	Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$117.53								
	Quarterly Medicaid CMA Allowed Per Diem		\$232.30	\$117.53		\$19.83	\$24.87		\$22.14	\$2.76	\$37.80	\$7.37
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)		\$0.00	\$0.00								
	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%		\$2.35	\$2.35								
	Nursing Home Provider Fee		\$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		\$19.45									
	Quarterly Case Mix Based Per Diem Rate		\$251.75	\$119.88		\$19.83	\$24.87		\$39.24	\$2.76	\$37.80	\$7.37
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$175.99										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY13 Cost Report Data

FINAL

Provider: <b>Hart Care Center</b> Prvdr ID: <b>00167857A</b>			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: <b>04/01/21</b>			Growth Allowance: N/A		N/A	13.37%	Base Period Overall CMI: 1.5289				1.5289	1.3699
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/20</b>			Qtrly BIMS score 36.7%		36.7%	2.5%	Quarterly Medicaid CMI: 1.6062				1.6062	1.5382
Nurse Hours per On-Site Day/Quality Incentive:			3.87		3.87	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6332				1.6332	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY13 C/R	\$5,017,280	\$3,091,262	\$0	\$557,136	\$241,091	\$236,482	\$820,320	\$48,943	\$22,046	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmtns	(\$78,118)	\$0	\$0	\$0	\$0	\$0	(\$78,118)		(\$20,545)	\$20,545
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$4,939,162	\$3,091,262	\$0	\$557,136	\$241,091	\$236,482	\$742,202	\$48,943	\$1,501	\$20,545
8	Total Nursing Facility Days As Filed Days = 40,897	FY13 Audited C/R Days	40,897									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 37,122	FY 18 GL-PL Ins Rpt Days								37,122		
9	Net Per Diems prior to Case Mix Adjstmtn to Routine Svcs	Ln 7 / Ln 8 Col a	\$120.90	\$75.59	\$0.00	\$13.62	\$11.68	(with L&H)	\$18.15	\$1.32	\$0.04	\$0.50
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.5289								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.44								
12	Net Per Diems after Case Mix Adjstmtn to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$49.44	\$0.00	\$13.62	\$11.68		\$18.15	\$1.32	\$0.04	\$0.50
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.90	\$0.00	\$19.14	\$23.27		\$23.46	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$101.84	\$49.44	\$0.00	\$13.62	\$11.68		\$18.15	\$1.32	7.13 (FRV)	\$0.50
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.4%	Ln 14 x Grvth Althnc %	\$12.42	\$6.61	\$0.00	\$1.82	\$1.56	\$0.00	\$2.43	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$114.26	\$56.05	\$0.00	\$15.44	\$13.24	\$0.00	\$20.58	\$1.32	\$7.13	\$0.50
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6332								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.54								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$149.75	\$91.54	\$0.00	\$15.44	\$13.24	\$0.00	\$20.58	\$1.32	\$7.13	\$0.50
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.29	\$2.29								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.75	\$2.75								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.67	\$5.57	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$173.42	\$97.11	\$0.00	\$15.66	\$13.65	\$0.00	\$38.05	\$1.32	\$7.13	\$0.50
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$117.24									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

Provider: <b>Hartwell Health and Rehabilitation</b>			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: <b>00141413A</b>			Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>		Growth Allowance: <b>N/A</b>	13.37%	Base Period Overall CMI: <b>1.3222</b>				1.3222	1.3617
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/20</b>			Nurse Hours per On-Site Day/Quality Incentive: <b>3.11</b>		Qtrly BIMS score <b>31.2%</b>	2.5%	Quarterly Medicaid CMI: <b>1.4908</b>				1.4908	1.5382
						3.0%	Qtrly Mcaid CMI w RUG Wght Options: <b>1.5172</b>				1.5172	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,839,275	\$2,588,661	\$0	\$974,560	\$281,348	\$169,446	\$1,374,106	\$87,921	\$363,233	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	\$0	\$0	\$0	\$0	\$0	\$0	\$0		(\$2,229)	\$2,229
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,839,275	\$2,588,661	\$0	\$974,560	\$281,348	\$169,446	\$1,374,106	\$87,921	\$361,004	\$2,229
8	Total Nursing Facility Days As Filed Days = 32,055	FY12 Audited C/R Days	32,055									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,303	FY 18 GL-PL Ins Rpt Days								31,303		
9	Net Per Diems prior to Case Mix Adjstrmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$182.23	\$80.76	\$0.00	\$30.40	\$14.06	(with L&H)	\$42.87	\$2.81	\$11.26	\$0.07
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3222								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.08								
12	Net Per Diems after Case Mix Adjstrmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$61.08	\$0.00	\$30.40	\$14.06		\$42.87	\$2.81	\$11.26	\$0.07
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$135.91	\$61.08	\$0.00	\$29.15	\$14.06		\$20.56	\$2.81	8.18 (FRV)	\$0.07
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$16.70	\$8.17	\$0.00	\$3.90	\$1.88	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$152.61	\$69.25	\$0.00	\$33.05	\$15.94	\$0.00	\$23.31	\$2.81	\$8.18	\$0.07
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5172								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.07								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.43	\$105.07	\$0.00	\$33.05	\$15.94	\$0.00	\$23.31	\$2.81	\$8.18	\$0.07
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Afdwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.63	\$2.63								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.15	\$3.15								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.82	\$6.31	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$212.25	\$111.38	\$0.00	\$33.05	\$16.35	\$0.00	\$40.41	\$2.81	\$8.18	\$0.07
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$146.36									



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

**FINAL**

<div> <div> Provider: <b>Hazlehurst Court Care and Rehab</b>  Prvdr ID: <b>00059705A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: <b>N/A</b>  Qtrly BIMS score: <b>21.2%</b>  Nurse Hours per On-Site Day/Quality Incentive: <b>2.86</b> </div> <div> Facility Score: <b>N/A</b>  Add-on Percent: <b>13.37%</b>  1.0%  2.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: <b>1.4494</b>  Quarterly Medicaid CMI: <b>1.4411</b>  Qtrly Mcaid CMI w RUG Wght Options: <b>1.4662</b> </div> <div> Facility Specific: <b>1.4494</b>  State-wide: <b>1.3617</b>  <b>1.4411</b>  <b>1.5382</b>  <b>1.5656</b> </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,073,423	\$1,404,920	\$0	\$314,016	\$112,585	\$178,967	\$808,389	\$15,264	\$239,282	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	\$20,163	(\$30,996)	\$0	\$2,299	\$7,959	(\$18,391)	\$56,501		(\$8,960)	\$11,751
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,093,586	\$1,373,924	\$0	\$316,315	\$120,544	\$160,576	\$864,890	\$15,264	\$230,322	\$11,751
8	Total Nursing Facility Days As Filed Days = 21,818	FY12 Audited C/R Days	21,818									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,682	FY 18 GL-PL Ins Rpt Days								24,682		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$141.71	\$62.97	\$0.00	\$14.50	\$12.88	(with L&H)	\$39.64	\$0.62	\$10.56	\$0.54
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<b>1.4494</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$43.45								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$43.45	\$0.00	\$14.50	\$12.88		\$39.64	\$0.62	\$10.56	\$0.54
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$99.33	\$43.45	\$0.00	\$14.50	\$12.88		\$20.56	\$0.62	6.78 (FRV)	\$0.54
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Alhnc %	\$12.22	\$5.81	\$0.00	\$1.94	\$1.72	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$111.55	\$49.26	\$0.00	\$16.44	\$14.60	\$0.00	\$23.31	\$0.62	\$6.78	\$0.54
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.4662</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$72.23								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$134.52	\$72.23	\$0.00	\$16.44	\$14.60	\$0.00	\$23.31	\$0.62	\$6.78	\$0.54
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.72	\$0.72								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.44	\$1.44								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.42	\$2.69	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$154.94</b>	<b>\$74.92</b>	<b>\$0.00</b>	<b>\$16.66</b>	<b>\$15.01</b>	<b>\$0.00</b>	<b>\$40.41</b>	<b>\$0.62</b>	<b>\$6.78</b>	<b>\$0.54</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$103.38</b>									

**Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data**

**FINAL**

<div> <div> Provider: <b>Heardmont Nursing Home</b>  Prvdr ID: <b>00082981A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 40.0%  Nurse Hours per On-Site Day/Quality Incentive: 3.07 </div> <div> Facility Score: N/A  Add-on Percent: 13.37%  2.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.1433  Quarterly Medicaid CMI: 1.7411  Qtrly Mcaid CMI w RUG Wght Options: 1.7746 </div> <div> Facility Specific: 1.1433  1.7411  1.7746 </div> <div> State-wide: 1.3617  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R - FY 2018 GL-PL Rpt	\$2,723,340	\$1,179,431	\$0	\$331,227	\$218,788	\$290,998	\$441,425	\$51,622	\$209,849	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$63,465)	\$0	\$0	\$486	(\$3,199)	(\$17,639)	(\$37,473)		(\$33,466)	\$27,826
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,659,875	\$1,179,431	\$0	\$331,713	\$215,589	\$273,359	\$403,952	\$51,622	\$176,383	\$27,826
8	Total Nursing Facility Days As Filed Days = 20,589	FY12 Audited C/R Days	20,589									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 14,740	FY 18 GL-PL Ins Rpt Days								14,740		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$130.18	\$57.28	\$0.00	\$16.11	\$23.75	(with L&H)	\$19.62	\$3.50	\$8.57	\$1.35
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1433								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.10								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$50.10	\$0.00	\$16.11	\$23.75		\$19.62	\$3.50	\$8.57	\$1.35
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$121.33	\$50.10	\$0.00	\$16.11	\$23.09		\$19.62	\$3.50	7.56 (FRV)	\$1.35
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Alkwn %	\$14.56	\$6.70	\$0.00	\$2.15	\$3.09	\$0.00	\$2.62	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$135.89	\$56.80	\$0.00	\$18.26	\$26.18	\$0.00	\$22.24	\$3.50	\$7.56	\$1.35
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7746								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.80								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$179.89	\$100.80	\$0.00	\$18.26	\$26.18	\$0.00	\$22.24	\$3.50	\$7.56	\$1.35
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alkwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.52	\$2.52								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.02	\$3.02								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.76	\$6.07	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$203.65</b>	<b>\$106.87</b>	<b>\$0.00</b>	<b>\$18.48</b>	<b>\$26.18</b>	<b>\$0.00</b>	<b>\$39.71</b>	<b>\$3.50</b>	<b>\$7.56</b>	<b>\$1.35</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$139.91</b>									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Heart of Georgia Prvdr ID: 00141358A H/B ?: No			Add-on Data and Percentages Growth Allowance: BIMS: Nurse Hours per On-Site Day/Quality Incentive:			Facility Score N/A 30.9% 5.23	Add-on Percent 13.37% 1.0% 3.0%	Case Mix Index (CMI) Data Base Period Overall CMI: Quarterly Medicaid CMI: Qtrly Mcaid CMI w RUG Wght Options:			Facility Specific 1.2133 1.9271 1.9657	State-wide 1.3617 1.5438 1.5713
Case Mix Per Diem Rate Effective Date: 04/01/21 MDS & Nurse Hrs Data per Quarter Ending: 12/31/20												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
Cost Center Peer Groups per Selected Options				1	1	2	1	1	1			
Type of Facility within Peer Group				All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
Bed Size Range within Peer Group				All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
Peer Group Standards: Percentile				90.0%	90.0%	90.0%	85.0%		50.0%			
Peer Group Standards: Multiplier				100.0%	100.0%	100.0%	100.0%		105.0%			
Efficiency Measures (Maximums)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Per Diem Costs and Add-ons												
GL-PL- Insurance Costs		FY2018 GL-PL Ins. Rpt								\$ 26,069		
Total Nursing Facility Days GL-PL Ins. Rpt		FY2018 GL-PL Ins. Rpt								33,100		
Standard Per Diem (After CMA for Routine Svcs)		FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$13.41	\$0.15
Allowed @ 95% of Std			\$140.45	\$67.93		\$17.49	\$21.94		\$19.53		\$13.41	\$0.15
Growth Allowance 13.4%			\$16.97	\$9.08		\$2.34	\$2.93		\$2.61			
CMA Allowed Per Diem (After Growth Allowance)			\$158.21	\$77.01		\$19.83	\$24.87		\$22.14	\$ 0.79	\$13.41	\$0.15
Quarterly Facility Case Mix Index for Medicaid Residents				1.9657							(FRV Rate)	
Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem				\$151.38								
Quarterly Medicaid CMA Allowed Per Diem			\$232.58	\$151.38		\$19.83	\$24.87		\$22.14	\$0.79	\$13.41	\$0.15
Quarterly Per Diem Add-On Amounts												
BIMS Add-on Per Diem = 1.0% (to Routine Svcs)			\$1.51	\$1.51								
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%			\$4.54	\$4.54								
Nursing Home Provider Fee			\$17.10						17.10			
Total Quarterly Per Diem Add-On Amounts			\$23.16									
Quarterly Case Mix Based Per Diem Rate			\$255.73	\$157.44		\$19.83	\$24.87		\$39.24	\$0.79	\$13.41	\$0.15
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%		\$178.97										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

Provider: <b>Heritage Healthcare -Forsyth, LLC</b>			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: <b>00141017A</b>			Growth Allowance:		N/A	13.37%	Base Period Overall CMI:				1.3861	1.3617
Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>			Qtrly BIMS score		34.2%	2.5%	Quarterly Medicaid CMI:				1.3779	1.5382
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/20</b>			Nurse Hours per On-Site Day/Quality Incentive:		3.98	2.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.4031	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,583,363	\$1,946,823	\$0	\$323,156	\$284,356	\$217,553	\$503,832	\$173,285	\$134,358	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$72,535)	(\$8,653)	\$0	\$0	(\$324)	(\$893)	(\$62,665)		(\$31,328)	\$31,328
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,510,828	\$1,938,170	\$0	\$323,156	\$284,032	\$216,660	\$441,167	\$173,285	\$103,030	\$31,328
8	Total Nursing Facility Days As Filed Days = 25,359	FY12 Audited C/R Days	25,359									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,586	FY 18 GL-PL Ins Rpt Days								24,586		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$138.66	\$76.43	\$0.00	\$12.74	\$19.74	(with L&H)	\$17.40	\$7.05	\$4.06	\$1.24
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.3861</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.14								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.14	\$0.00	\$12.74	\$19.74		\$17.40	\$7.05	\$4.06	\$1.24
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$120.56	\$55.14	\$0.00	\$12.74	\$19.74		\$17.40	\$7.05	7.25 (FRV)	\$1.24
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$14.04	\$7.37	\$0.00	\$1.70	\$2.64	\$0.00	\$2.33	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$134.60	\$62.51	\$0.00	\$14.44	\$22.38	\$0.00	\$19.73	\$7.05	\$7.25	\$1.24
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.4031</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$87.71								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$159.80	\$87.71	\$0.00	\$14.44	\$22.38	\$0.00	\$19.73	\$7.05	\$7.25	\$1.24
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Snd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.19	\$2.19								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$1.75	\$1.75								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.57	\$4.47	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$182.37	\$92.18	\$0.00	\$14.66	\$22.79	\$0.00	\$37.20	\$7.05	\$7.25	\$1.24
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$123.95									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Heritage Healthcare -Grandview, LLC</b>  Prvdr ID: <b>00141215A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score 18.6%  Nurse Hours per On-Site Day/Quality Incentive: 3.78 </div> <div> Facility Score  Add-on Percent  13.37%  0.0%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.4300  Quarterly Medicaid CMI: 1.4387  Qtrly Mcaid CMI w RUG Wght Options: 1.4636 </div> <div> Facility Specific  State-wide  1.3617  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,985,099	\$2,702,048	\$0	\$472,068	\$338,666	\$329,325	\$719,325	\$173,230	\$250,437	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$96,625)	(\$3,061)	\$0	(\$233)	\$0	(\$491)	(\$92,840)		(\$43,856)	\$43,856
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,888,474	\$2,698,987	\$0	\$471,835	\$338,666	\$328,834	\$626,485	\$173,230	\$206,581	\$43,856
8	Total Nursing Facility Days As Filed Days = 32,702	FY12 Audited C/R Days	32,702									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,441	FY 18 GL-PL Ins Rpt Days								24,441		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$151.28	\$82.53	\$0.00	\$14.43	\$20.41	(with L&H)	\$19.16	\$7.09	\$6.32	\$1.34
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4300								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.72								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$57.72	\$0.00	\$14.43	\$20.41		\$19.16	\$7.09	\$6.32	\$1.34
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$131.60	\$57.72	\$0.00	\$14.43	\$20.41		\$19.16	\$7.09	11.45 (FRV)	\$1.34
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Alhnc %	\$14.94	\$7.72	\$0.00	\$1.93	\$2.73	\$0.00	\$2.56	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$146.54	\$65.44	\$0.00	\$16.36	\$23.14	\$0.00	\$21.72	\$7.09	\$11.45	\$1.34
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4636								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.78								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$176.88	\$95.78	\$0.00	\$16.36	\$23.14	\$0.00	\$21.72	\$7.09	\$11.45	\$1.34
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Sind - Awd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.87	\$2.87								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.50	\$3.40	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$198.38</b>	<b>\$99.18</b>	<b>\$0.00</b>	<b>\$16.58</b>	<b>\$23.55</b>	<b>\$0.00</b>	<b>\$39.19</b>	<b>\$7.09</b>	<b>\$11.45</b>	<b>\$1.34</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$135.96</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

**FINAL**

<div> <div> Provider: <b>Heritage Inn of Barnesville</b>  Prvdr ID: <b>00143613A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: <b>N/A</b>  Qtrly BIMS score: <b>47.1%</b>  Nurse Hours per On-Site Day/Quality Incentive: <b>3.01</b> </div> <div> Facility Score: <b>N/A</b>  Add-on Percent: <b>13.37%</b>  <b>5.5%</b>  <b>3.0%</b> </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: <b>1.3499</b>  Quarterly Medicaid CMI: <b>1.4780</b>  Qtrly Mcaid CMI w RUG Wght Options: <b>1.5021</b> </div> <div> Facility Specific: <b>1.3499</b>  <b>1.4780</b>  <b>1.5021</b> </div> <div> State-wide: <b>1.3617</b>  <b>1.5382</b>  <b>1.5656</b> </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,953,065	\$2,698,086	\$0	\$540,262	\$316,196	\$272,627	\$637,292	\$112,121	\$376,481	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$24,917)	\$0	\$0	\$0	\$0	\$0	(\$25,520)		(\$23,865)	\$24,468
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,928,149	\$2,698,086	\$0	\$540,262	\$316,196	\$272,627	\$611,773	\$112,121	\$352,616	\$24,468
8	Total Nursing Facility Days As Filed Days = 39,325	FY12 Audited C/R Days	39,325									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,775	FY 18 GL-PL Ins Rpt Days								39,775		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$125.29	\$68.61	\$0.00	\$13.74	\$14.97	(with L&H)	\$15.56	\$2.82	\$8.97	\$0.62
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<b>1.3499</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.83								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$50.83	\$0.00	\$13.74	\$14.97		\$15.56	\$2.82	\$8.97	\$0.62
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$105.59	\$50.83	\$0.00	\$13.74	\$14.97		\$15.56	\$2.82	7.05 (FRV)	\$0.62
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <b>13.37%</b>	Ln 14 x Grwth Allwnc %	\$12.72	\$6.80	\$0.00	\$1.84	\$2.00	\$0.00	\$2.08	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$118.31	\$57.63	\$0.00	\$15.58	\$16.97	\$0.00	\$17.64	\$2.82	\$7.05	\$0.62
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.5021</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.57								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$147.25	\$86.57	\$0.00	\$15.58	\$16.97	\$0.00	\$17.64	\$2.82	\$7.05	\$0.62
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Aftwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <b>5.5%</b> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.76	\$4.76								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <b>3.0%</b> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.60	\$2.60								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.99	\$7.89	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$173.24</b>	<b>\$94.46</b>	<b>\$0.00</b>	<b>\$15.80</b>	<b>\$17.38</b>	<b>\$0.00</b>	<b>\$35.11</b>	<b>\$2.82</b>	<b>\$7.05</b>	<b>\$0.62</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$117.11</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

**FINAL**

<div> <div> Provider: <b>Heritage Inn of Sandersville</b>  Prvdr ID: <b>00142678A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score 44.4%  Nurse Hours per On-Site Day/Quality Incentive: 3.81 </div> <div> Add-on Percent  13.37%  2.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.3183  Quarterly Medicaid CMI: 1.7213  Qtrly Mcaid CMI w RUG Wght Options: 1.7523 </div> <div> Facility Specific  1.3183  1.7213  1.7523 </div> <div> State-wide  1.3617  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R - FY 2018 GL-PL Rpt	\$2,922,685	\$1,514,491	\$0	\$318,355	\$150,840	\$218,788	\$374,361	\$57,351	\$288,499	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$11,961)	\$0	\$0	\$0	\$457	\$663	(\$13,956)		(\$21,030)	\$21,905
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,910,724	\$1,514,491	\$0	\$318,355	\$151,297	\$219,451	\$360,405	\$57,351	\$267,469	\$21,905
8	Total Nursing Facility Days As Filed Days = 21,700	FY12 Audited C/R Days	21,700									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,510	FY 18 GL-PL Ins Rpt Days								21,510		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$134.17	\$69.79	\$0.00	\$14.67	\$17.09	(with L&H)	\$16.61	\$2.67	\$12.33	\$1.01
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3183								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.94								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$52.94	\$0.00	\$14.67	\$17.09		\$16.61	\$2.67	\$12.33	\$1.01
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$115.11	\$52.94	\$0.00	\$14.67	\$17.09		\$16.61	\$2.67	10.12 (FRV)	\$1.01
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$13.54	\$7.08	\$0.00	\$1.96	\$2.28	\$0.00	\$2.22	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$128.65	\$60.02	\$0.00	\$16.63	\$19.37	\$0.00	\$18.83	\$2.67	\$10.12	\$1.01
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7523								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.17								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$173.80	\$105.17	\$0.00	\$16.63	\$19.37	\$0.00	\$18.83	\$2.67	\$10.12	\$1.01
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem (Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.63	\$2.63								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$3.16	\$3.16								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.42	\$6.32	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$198.22	\$111.49	\$0.00	\$16.85	\$19.78	\$0.00	\$36.30	\$2.67	\$10.12	\$1.01
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$135.84									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

**FINAL**

<div> <div> Provider: <b>Heritage Inn of Statesboro</b>  Prvdr ID: <b>00142161A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score 32.2%  Nurse Hours per On-Site Day/Quality Incentive: 3.05 </div> <div> Facility Score  Add-on Percent  13.37%  2.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.2962  Quarterly Medicaid CMI: 1.5409  Qtrly Mcaid CMI w RUG Wght Options: 1.5670 </div> <div> Facility Specific  State-wide  1.2962  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,625,557	\$1,942,671	\$0	\$400,417	\$189,018	\$260,754	\$492,323	\$88,441	\$251,933	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$17,099)	\$0	\$0	(\$1,779)	\$0	(\$187)	(\$16,912)		(\$27,410)	\$29,189
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,608,458	\$1,942,671	\$0	\$398,638	\$189,018	\$260,567	\$475,411	\$88,441	\$224,523	\$29,189
8	Total Nursing Facility Days As Filed Days = 28,133	FY12 Audited C/R Days	28,133									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,694	FY 18 GL-PL Ins Rpt Days								28,694		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$128.20	\$69.05	\$0.00	\$14.17	\$15.98	(with L&H)	\$16.90	\$3.08	\$7.98	\$1.04
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<b>1.2962</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.27								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$53.27	\$0.00	\$14.17	\$15.98		\$16.90	\$3.08	\$7.98	\$1.04
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$111.50	\$53.27	\$0.00	\$14.17	\$15.98		\$16.90	\$3.08	7.06 (FRV)	\$1.04
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$13.41	\$7.12	\$0.00	\$1.89	\$2.14	\$0.00	\$2.26	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$124.91	\$60.39	\$0.00	\$16.06	\$18.12	\$0.00	\$19.16	\$3.08	\$7.06	\$1.04
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.5670</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.63								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$159.15	\$94.63	\$0.00	\$16.06	\$18.12	\$0.00	\$19.16	\$3.08	\$7.06	\$1.04
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem (Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.37	\$2.37								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.84	\$2.84								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.84	\$5.74	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$182.99</b>	<b>\$100.37</b>	<b>\$0.00</b>	<b>\$16.28</b>	<b>\$18.53</b>	<b>\$0.00</b>	<b>\$36.63</b>	<b>\$3.08</b>	<b>\$7.06</b>	<b>\$1.04</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$124.42</b>									



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>High Shoals Health &amp; Rehabilitation</b>  Prvdr ID: <b>00212814A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score 39.6%  Nurse Hours per On-Site Day/Quality Incentive: 2.82 </div> <div> Add-on Percent  13.37%  2.5%  2.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.3425  Quarterly Medicaid CMI: 1.2651  Qtrly Mcaid CMI w RUG Wght Options: 1.2878 </div> <div> Facility Specific  1.3425  1.2651  1.2878 </div> <div> State-wide  1.3617  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatins & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R - FY 2018 GL-PL Rpt	\$5,303,039	\$2,934,713	\$0	\$634,606	\$343,241	\$445,290	\$754,291	\$98,431	\$92,467	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$161,189)	(\$13,942)	\$0	(\$33,409)	(\$2,717)	(\$15,898)	(\$83,346)		(\$27,601)	\$15,724
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,141,850	\$2,920,771	\$0	\$601,197	\$340,524	\$429,392	\$670,945	\$98,431	\$64,866	\$15,724
8	Total Nursing Facility Days As Filed Days = 27,611	FY12 Audited C/R Days	27,611									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,700	FY 18 GL-PL Ins Rpt Days								33,700		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$185.57	\$105.78	\$0.00	\$21.77	\$27.88	(with L&H)	\$24.30	\$2.92	\$2.35	\$0.57
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3425								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.79								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$78.79	\$0.00	\$21.77	\$27.88		\$24.30	\$2.92	\$2.35	\$0.57
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$152.55	\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$2.92	15.49 (FRV)	\$0.57
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$17.86	\$9.56	\$0.00	\$2.46	\$3.09	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$170.41	\$81.07	\$0.00	\$20.87	\$26.18	\$0.00	\$23.31	\$2.92	\$15.49	\$0.57
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2878								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.40								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193.74	\$104.40	\$0.00	\$20.87	\$26.18	\$0.00	\$23.31	\$2.92	\$15.49	\$0.57
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem (Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.61	\$2.61								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.09	\$2.09								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.80	\$4.70	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$215.54	\$109.10	\$0.00	\$20.87	\$26.18	\$0.00	\$40.41	\$2.92	\$15.49	\$0.57
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$148.83									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

**FINAL**

<div> <div> Provider: <b>Hill Haven Nursing Home</b>  Prvdr ID: <b>00448456A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: <b>N/A</b>  Qtrly BIMS score: <b>36.4%</b>  Nurse Hours per On-Site Day/Quality Incentive: <b>3.50</b> </div> <div> Facility Score: <b>N/A</b>  Add-on Percent: <b>13.37%</b>  2.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: <b>1.2298</b>  Quarterly Medicaid CMI: <b>1.4764</b>  Qtrly Mcaid CMI w RUG Wght Options: <b>1.5007</b> </div> <div> Facility Specific: <b>1.2298</b>  1.4764  1.5007 </div> <div> State-wide: <b>1.3617</b>  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%			105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R - FY 2018 GL-PL Rpt	\$3,142,256	\$1,574,830	\$0	\$317,366	\$217,202	\$200,111	\$532,862	\$62,431	\$237,454	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstms	(\$55,257)	(\$7,300)	\$0	\$1,036	(\$2,285)	(\$2,086)	(\$42,166)		(\$40,283)	\$37,807
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,086,999	\$1,567,530	\$0	\$318,402	\$214,937	\$198,025	\$490,696	\$62,431	\$197,171	\$37,807
8	Total Nursing Facility Days As Filed Days = 22,914	FY12 Audited C/R Days	22,914									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,824	FY 18 GL-PL Ins Rpt Days								23,824		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$134.61	\$68.41	\$0.00	\$13.90	\$18.02	(with L&H)	\$21.41	\$2.62	\$8.60	\$1.65
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2298								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.63								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.63	\$0.00	\$13.90	\$18.02		\$21.41	\$2.62	\$8.60	\$1.65
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$122.15	\$55.63	\$0.00	\$13.90	\$18.02		\$20.56	\$2.62	9.77 (FRV)	\$1.65
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14.46	\$7.44	\$0.00	\$1.86	\$2.41	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$136.61	\$63.07	\$0.00	\$15.76	\$20.43	\$0.00	\$23.31	\$2.62	\$9.77	\$1.65
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5007								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.65								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$168.19	\$94.65	\$0.00	\$15.76	\$20.43	\$0.00	\$23.31	\$2.62	\$9.77	\$1.65
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ([Stnd - Ahdw] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.37	\$2.37								
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$2.84	\$2.84								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.47	\$5.74	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$191.66	\$100.39	\$0.00	\$15.98	\$20.84	\$0.00	\$40.41	\$2.62	\$9.77	\$1.65
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$130.92									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Jesup Health Care</b>  Prvdr ID: <b>00142689A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 30.6%  Nurse Hours per On-Site Day/Quality Incentive: 3.00 </div> <div> Facility Score: N/A  Add-on Percent: 13.37%  2.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.4500  Quarterly Medicaid CMI: 1.7968  Qtrly Mcaid CMI w RUG Wght Options: 1.8314 </div> <div> Facility Specific: 1.4500  1.7968  1.8314 </div> <div> State-wide: 1.3617  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,416,686	\$1,923,963	\$0	\$308,759	\$228,458	\$194,173	\$531,481	\$20,609	\$209,243	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$374,073)	(\$314,489)	\$0	\$429	(\$2,281)	\$7,477	(\$42,462)		(\$35,529)	\$12,782
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,042,613	\$1,609,474	\$0	\$309,188	\$226,177	\$201,650	\$489,019	\$20,609	\$173,714	\$12,782
8	Total Nursing Facility Days As Filed Days = 24,507	FY12 Audited C/R Days	24,507									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,290	FY 18 GL-PL Ins Rpt Days								21,290		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$124.28	\$65.67	\$0.00	\$12.62	\$17.46	(with L&H)	\$19.95	\$0.97	\$7.09	\$0.52
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4500								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$45.29								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$45.29	\$0.00	\$12.62	\$17.46		\$19.95	\$0.97	\$7.09	\$0.52
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$103.39	\$45.29	\$0.00	\$12.62	\$17.46		\$19.95	\$0.97	6.58 (FRV)	\$0.52
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Alwnc %	\$12.75	\$6.06	\$0.00	\$1.69	\$2.33	\$0.00	\$2.67	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$116.14	\$51.35	\$0.00	\$14.31	\$19.79	\$0.00	\$22.62	\$0.97	\$6.58	\$0.52
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8314								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.04								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$158.83	\$94.04	\$0.00	\$14.31	\$19.79	\$0.00	\$22.62	\$0.97	\$6.58	\$0.52
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Snd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.35	\$2.35								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.82	\$2.82								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.80	\$5.70	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$182.63</b>	<b>\$99.74</b>	<b>\$0.00</b>	<b>\$14.53</b>	<b>\$20.20</b>	<b>\$0.00</b>	<b>\$40.09</b>	<b>\$0.97</b>	<b>\$6.58</b>	<b>\$0.52</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$124.15</b>									

Quarterly Case Mix Per Diem Rate Calculations

FINAL

<div> <div> Provider: <b>Joe-Ann Burgin Nursing Center</b>  Prvdr ID: <b>00141633A</b>  H/B ? : No </div> <div> Case Mix Per Diem Rate Effective Date: <b>04/01/21</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: <b>N/A</b>  BIMS <b>34.8%</b>  Nurse Hours per On-Site Day/Quality Incentive: <b>3.71</b> </div> <div> Facility Score  Add-on Percent  <b>13.37%</b>  <b>2.5%</b>  <b>3.0%</b> </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: <b>1.2689</b>  Quarterly Medicaid CMI: <b>1.2958</b>  Qtrly Mcaid CMI w RUG Wght Options: <b>1.3148</b> </div> <div> Facility Specific  <b>1.2689</b>  <b>1.2958</b>  <b>1.3148</b> </div> <div> State-wide  <b>1.3617</b>  <b>1.5138</b>  <b>1.5405</b> </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatlns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
	<i>Cost Center Peer Groups per Selected Options</i>			<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>1</b>			
	<i>Type of Facility within Peer Group</i>			<i>All Facilities</i>	<i>All Facilities</i>	<i>Freestanding</i>	<i>All Facilities</i>	<i>All Facilities</i>	<i>All Facilities</i>			
	<i>Bed Size Range within Peer Group</i>			<i>All Bed Sizes</i>	<i>All Bed Sizes</i>	<i>All Bed Sizes</i>	<i>All Bed Sizes</i>	<i>All Bed Sizes</i>	<i>All Bed Sizes</i>			
	<i>Peer Group Standards &amp; Efficiency Measure Limits</i>											
	<i>Peer Group Standards: Percentile</i>			90.0%	90.0%	90.0%	85.0%		50.0%			
	<i>Peer Group Standards: Multiplier</i>			100.0%	100.0%	100.0%	100.0%		105.0%			
	<i>Efficiency Measures (Maximums)</i>			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
	Net Historical Cost <b>2010</b>	FY2010 C/R -FY 2018 GL-PL Rpt		2,218,749		659,341	196,091	287,566	544,060	33,164	125,937	8,186
	Inflation (July 2012) @ <b>2.06%</b>			45,706		13,582	9,963		11,208			169
	Patient Days	FY 2010 Cost Rpt		28,754		28,754	28,754		28,754		28,754	28,754
	Total Nursing Facility Days GL-PL Ins. Rpt	FY 18 GL-PL Ins Rpt Days								24,337		
	Inflated NHC/ Patient Days			78.75		23.40	17.17		19.31	1.36	4.38	0.29
	Base Period Facility CMI for all Residents			<b>1.2689</b>								
	Routine Services Case Mix Adjusted Net Per Diem			\$62.06								
	Net Per Diems After Case Mix Adjustments		\$127.97	\$62.06		\$23.40	\$17.17		\$19.31	\$1.36	\$4.38	0.29
	Per Diem Standards			\$72.49		\$17.69	\$23.20		\$21.80			
	Base Period Case Mix Adjusted Allowed Per Diem		\$130.28	\$62.06		\$17.69	\$17.17		\$19.31	\$1.36	12.40	0.29
	<b>Quarterly Per Diem Rate Prior to Add-Ons</b>										(FRV Rate)	
	Growth Allowance <b>13.37%</b>		\$15.54	\$8.30		\$2.37	\$2.30		\$2.58			
	CMA Allowed Per Diem After Growth Allowance		\$145.82	\$70.36		\$20.06	\$19.46		\$21.89	\$1.36	\$12.40	\$0.29
	Quarterly Facility Case Mix Index for Medicaid Residents			<b>1.3148</b>								
	Qrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem			\$92.51								
	Quarterly Medicaid CMA Allowed Per Diem		\$167.97	\$92.51		\$20.06	\$19.46		\$21.89	\$1.36	\$12.40	\$0.29
	<b>Quarterly Per Diem Add-On Amounts</b>											
	Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)		\$1.31	\$0.53		\$0.00	\$0.41		\$0.37			
	BIMS Add-on Per Diem = <b>2.5%</b> (to Routine Srvs)		\$2.31	2.31								
	Nurse Staff Hrs / Quality Add-on Per Diem = <b>3.0%</b>		\$2.78	2.78								
	Nursing Home Provider Fee		\$ 17.10						\$ 17.10			
	Total Quarterly Per Diem Add-On Amounts		\$23.50									
	<b>Quarterly Case Mix Based Per Diem Rate</b>		<b>\$191.47</b>	<b>\$98.13</b>		<b>\$20.06</b>	<b>\$19.87</b>		<b>\$39.36</b>	<b>\$1.36</b>	<b>\$12.40</b>	<b>\$0.29</b>
	<b>Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%</b>	<b>\$130.78</b>										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

**FINAL**

<div> <div> Provider: <b>Jonesboro Nurs. &amp; Rehab Ctr.</b>  Prvdr ID: <b>00531033A</b> </div> <div> <div>Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b></div> <div>MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b></div> </div> <div> <div> Add-on Data and Percentages  Growth Allowance: <b>N/A</b>  Qtrly BIMS score: <b>29.3%</b>  Nurse Hours per On-Site Day/Quality Incentive: <b>3.22</b> </div> <div> Facility Score: <b>N/A</b>  Add-on Percent: <b>13.37%</b>  1.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: <b>1.7250</b>  Quarterly Medicaid CMI: <b>1.5371</b>  Qtrly Mcaid CMI w RUG Wght Options: <b>1.5650</b> </div> <div> Facility Specific: <b>1.7250</b>  1.5371  1.5650 </div> <div> State-wide: <b>1.3617</b>  1.5382  1.5656 </div> </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
3	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R - FY 2018 GL-PL Rpt	\$6,954,862	\$3,427,719	\$0	\$718,503	\$260,899	\$401,350	\$974,956	\$162,252	\$1,009,183	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$69,443)	(\$110,724)	\$0	(\$1,901)	\$0	\$39,198	\$29,290		(\$110,344)	\$85,038
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,885,419	\$3,316,995	\$0	\$716,602	\$260,899	\$440,548	\$1,004,246	\$162,252	\$898,839	\$85,038
8	Total Nursing Facility Days As Filed Days = 43,009	FY12 Audited C/R Days	43,009									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 43,852	FY 18 GL-PL Ins Rpt Days								43,852		
10	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$160.02	\$77.12	\$0.00	\$16.66	\$16.31	(with L&H)	\$23.35	\$3.70	\$20.90	\$1.98
11	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.7250								
12	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$44.71								
13	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$44.71	\$0.00	\$16.66	\$16.31		\$23.35	\$3.70	\$20.90	\$1.98
14	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$117.78	\$44.71	\$0.00	\$16.66	\$16.31		\$20.56	\$3.70	13.86 (FRV)	\$1.98
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$13.14	\$5.98	\$0.00	\$2.23	\$2.18	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$130.92	\$50.69	\$0.00	\$18.89	\$18.49	\$0.00	\$23.31	\$3.70	\$13.86	\$1.98
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5650								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$79.33								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$159.56	\$79.33	\$0.00	\$18.89	\$18.49	\$0.00	\$23.31	\$3.70	\$13.86	\$1.98
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem (JStd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.79	\$0.79								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.38	\$2.38								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.43	\$3.70	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$180.99</b>	<b>\$83.03</b>	<b>\$0.00</b>	<b>\$19.11</b>	<b>\$18.90</b>	<b>\$0.00</b>	<b>\$40.41</b>	<b>\$3.70</b>	<b>\$13.86</b>	<b>\$1.98</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$122.92</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Kentwood</b>  Prvdr ID: <b>00143426A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 39.0%  Nurse Hours per On-Site Day/Quality Incentive: 4.02 </div> <div> Facility Score: N/A  Add-on Percent: 13.37%  2.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.2689  Quarterly Medicaid CMI: 1.4720  Qtrly Mcaid CMI w RUG Wght Options: 1.4958 </div> <div> Facility Specific: 1.2689  1.4720  1.4958 </div> <div> State-wide: 1.3617  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,032,878	\$2,965,870	\$0	\$546,138	\$263,810	\$217,324	\$690,127	\$176,477	\$173,132	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$65,636)	\$0	\$0	\$0	\$0	(\$1,573)	(\$64,063)		(\$256)	\$256
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,967,242	\$2,965,870	\$0	\$546,138	\$263,810	\$215,751	\$626,064	\$176,477	\$172,876	\$256
8	Total Nursing Facility Days As Filed Days = 27,487	FY12 Audited C/R Days	27,487									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,404	FY 18 GL-PL Ins Rpt Days								33,404		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$179.58	\$107.90	\$0.00	\$19.87	\$17.45	(with L&H)	\$22.78	\$5.28	\$6.29	\$0.01
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2689								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.03								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$85.03	\$0.00	\$19.87	\$17.45		\$22.78	\$5.28	\$6.29	\$0.01
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$150.26	\$71.51	\$0.00	\$18.41	\$17.45		\$20.56	\$5.28	17.04 (FRV)	\$0.01
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$17.10	\$9.56	\$0.00	\$2.46	\$2.33	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$167.36	\$81.07	\$0.00	\$20.87	\$19.78	\$0.00	\$23.31	\$5.28	\$17.04	\$0.01
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4958								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.26								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$207.55	\$121.26	\$0.00	\$20.87	\$19.78	\$0.00	\$23.31	\$5.28	\$17.04	\$0.01
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Snd - Awd) x .75, up to max, or 0)	(see Policy Manual)	\$0.41	\$0.00	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.03	\$3.03								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$3.64	\$3.64								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.18	\$6.67	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$231.73	\$127.93	\$0.00	\$20.87	\$20.19	\$0.00	\$40.41	\$5.28	\$17.04	\$0.01
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$160.97									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

Provider: <b>Keysville Nursing Home and Rehab Ctr</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00141655A</b>				Growth Allowance:		N/A	13.37%	Base Period Overall CMI:			1.3131	1.3617
Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>				Qtrly BIMS score		47.6%	5.5%	Quarterly Medicaid CMI:			1.2168	1.5382
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/20</b>				Nurse Hours per On-Site Day/Quality Incentive:		4.02	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.2376	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,873,358	\$1,321,717	\$0	\$334,354	\$174,953	\$327,425	\$331,928	\$7,637	\$375,344	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$13,288)	\$5,280	\$0	\$580	\$525	\$333	(\$20,791)		(\$21,389)	\$22,174
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,860,070	\$1,326,997	\$0	\$334,934	\$175,478	\$327,758	\$311,137	\$7,637	\$353,955	\$22,174
8	Total Nursing Facility Days As Filed Days = 20,912	FY12 Audited C/R Days	20,912									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,753	FY 18 GL-PL Ins Rpt Days								19,753		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$139.44	\$63.46	\$0.00	\$16.02	\$24.06	(with L&H)	\$14.88	\$3.03	\$16.93	\$1.06
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.3131</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.33								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$48.33	\$0.00	\$16.02	\$24.06		\$14.88	\$3.03	\$16.93	\$1.06
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$120.00	\$48.33	\$0.00	\$16.02	\$23.09		\$14.88	\$3.03	13.59 (FRV)	\$1.06
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$13.68	\$6.46	\$0.00	\$2.14	\$3.09	\$0.00	\$1.99	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$133.68	\$54.79	\$0.00	\$18.16	\$26.18	\$0.00	\$16.87	\$3.03	\$13.59	\$1.06
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.2376</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$67.81								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$146.70	\$67.81	\$0.00	\$18.16	\$26.18	\$0.00	\$16.87	\$3.03	\$13.59	\$1.06
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.73	\$3.73								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Sflng Add-on	\$2.03	\$2.03								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.98	\$6.29	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$170.68	\$74.10	\$0.00	\$18.38	\$26.18	\$0.00	\$34.34	\$3.03	\$13.59	\$1.06
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$115.19									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

Provider: <b>Lafayette Nursing &amp; Rehab Center</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00399737A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>	Growth Allowance: <b>N/A</b>	Qtrly BIMS score <b>54.4%</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.4871</b>				<b>1.4871</b>	<b>1.3617</b>	
		MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/20</b>	Nurse Hours per On-Site Day/Quality Incentive: <b>5.47</b>	<b>5.5%</b>	<b>3.0%</b>	Quarterly Medicaid CMI: <b>1.4160</b>				<b>1.4160</b>	<b>1.5382</b>	
						Qtrly Mcaid CMI w RUG Wght Options: <b>1.4380</b>				<b>1.4380</b>	<b>1.5656</b>	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		<i>90.0%</i>	<i>90.0%</i>	<i>90.0%</i>	<i>85.0%</i>		<i>50.0%</i>			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		<i>100.0%</i>	<i>100.0%</i>	<i>100.0%</i>	<i>100.0%</i>		<i>105.0%</i>			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		<i>\$0.53</i>	<i>\$0.00</i>	<i>\$0.22</i>	<i>\$0.41</i>		<i>\$0.37</i>			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$9,256,560	\$4,885,876	\$0	\$883,051	\$416,107	\$519,499	\$1,637,603	\$385,084	\$529,340	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$77,970)	(\$74,174)	\$0	(\$4,172)	\$840	\$1,832	(\$4,163)		(\$85,898)	\$87,765
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$9,178,590	\$4,811,702	\$0	\$878,879	\$416,947	\$521,331	\$1,633,440	\$385,084	\$443,442	\$87,765
8	Total Nursing Facility Days As Filed Days = 55,096	FY12 Audited C/R Days	55,096									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 44,797	FY 18 GL-PL Ins Rpt Days								44,797		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$168.20	\$87.33	\$0.00	\$15.95	\$17.03	(with L&H)	\$29.65	\$8.60	\$8.05	\$1.59
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<b>1.4871</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.73								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$58.73	\$0.00	\$15.95	\$17.03		\$29.65	\$8.60	\$8.05	\$1.59
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$139.34	\$58.73	\$0.00	\$15.95	\$17.03		\$20.56	\$8.60	16.88 (FRV)	\$1.59
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$15.01	\$7.85	\$0.00	\$2.13	\$2.28	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$154.35	\$66.58	\$0.00	\$18.08	\$19.31	\$0.00	\$23.31	\$8.60	\$16.88	\$1.59
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.4380</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.74								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$183.51	\$95.74	\$0.00	\$18.08	\$19.31	\$0.00	\$23.31	\$8.60	\$16.88	\$1.59
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.27	\$5.27								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.87	\$2.87								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.40	\$8.67	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$209.91	\$104.41	\$0.00	\$18.30	\$19.72	\$0.00	\$40.41	\$8.60	\$16.88	\$1.59
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$144.61									



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>LaGrange Nurs, &amp; Rehab. Ctr.</b>  Prvdr ID: <b>00270245A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 29.7%  Nurse Hours per On-Site Day/Quality Incentive: 2.98 </div> <div> Facility Score: N/A  Add-on Percent: 13.37%  1.0%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.4490  Quarterly Medicaid CMI: 1.6470  Qtrly Mcaid CMI w RUG Wght Options: 1.6798 </div> <div> Facility Specific: 1.4490  State-wide: 1.3617  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,142,325	\$3,338,930	\$0	\$684,153	\$317,877	\$319,612	\$1,421,710	\$24,394	\$1,035,649	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$872,248)	(\$268,459)	\$0	(\$64,251)	\$2,204	(\$14,104)	(\$604,302)		\$46,284	\$30,380
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,270,077	\$3,070,471	\$0	\$619,902	\$320,081	\$305,508	\$817,408	\$24,394	\$1,081,933	\$30,380
8	Total Nursing Facility Days As Filed Days = 46,991	FY12 Audited C/R Days	46,991									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,094	FY 18 GL-PL Ins Rpt Days								33,094		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$133.64	\$65.34	\$0.00	\$13.19	\$13.31	(with L&H)	\$17.39	\$0.74	\$23.02	\$0.65
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4490								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$45.09								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$45.09	\$0.00	\$13.19	\$13.31		\$17.39	\$0.74	\$23.02	\$0.65
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$99.30	\$45.09	\$0.00	\$13.19	\$13.31		\$17.39	\$0.74	8.93 (FRV)	\$0.65
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$11.90	\$6.03	\$0.00	\$1.76	\$1.78	\$0.00	\$2.33	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$111.20	\$51.12	\$0.00	\$14.95	\$15.09	\$0.00	\$19.72	\$0.74	\$8.93	\$0.65
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6798								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$85.87								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$145.95	\$85.87	\$0.00	\$14.95	\$15.09	\$0.00	\$19.72	\$0.74	\$8.93	\$0.65
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.86	\$0.86								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$2.58	\$2.58								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.07	\$3.97	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$168.02</b>	<b>\$89.84</b>	<b>\$0.00</b>	<b>\$15.17</b>	<b>\$15.50</b>	<b>\$0.00</b>	<b>\$37.19</b>	<b>\$0.74</b>	<b>\$8.93</b>	<b>\$0.65</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$113.19</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Lake City Nursing &amp; Rehab Ctr.</b>  Prvdr ID: <b>00141699A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 46.6%  Nurse Hours per On-Site Day/Quality Incentive: 3.11 </div> <div> Facility Score  Add-on Percent  13.37%  5.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.6589  Quarterly Medicaid CMI: 1.6066  Qtrly Mcaid CMI w RUG Wght Options: 1.6364 </div> <div> Facility Specific  1.6589  1.6066  1.6364 </div> <div> State-wide  1.3617  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R - FY 2018 GL-PL Rpt	\$11,284,046	\$6,137,555	\$0	\$1,190,052	\$517,678	\$688,523	\$1,372,595	(\$142,967)	\$1,520,610	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$116,463)	(\$15,744)	\$0	(\$3,210)	\$0	\$13,996	(\$111,505)		(\$78,250)	\$78,250
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$11,167,583	\$6,121,811	\$0	\$1,186,842	\$517,678	\$702,519	\$1,261,090	(\$142,967)	\$1,442,360	\$78,250
8	Total Nursing Facility Days As Filed Days = 81,185	FY12 Audited C/R Days	81,185									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 83,030	FY 18 GL-PL Ins Rpt Days								83,030		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$142.35	\$75.41	\$0.00	\$14.62	\$15.03	(with L&H)	\$15.53	\$3.03	\$17.77	\$0.96
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.6589								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$45.46								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$45.46	\$0.00	\$14.62	\$15.03		\$15.53	\$3.03	\$17.77	\$0.96
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$103.43	\$45.46	\$0.00	\$14.62	\$15.03		\$15.53	\$3.03	8.80 (FRV)	\$0.96
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Altwnc %	\$12.12	\$6.08	\$0.00	\$1.95	\$2.01	\$0.00	\$2.08	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$115.55	\$51.54	\$0.00	\$16.57	\$17.04	\$0.00	\$17.61	\$3.03	\$8.80	\$0.96
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6364								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$84.34								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$148.35	\$84.34	\$0.00	\$16.57	\$17.04	\$0.00	\$17.61	\$3.03	\$8.80	\$0.96
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Sind - Ahdw) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.64	\$4.64								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.53	\$2.53								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.80	\$7.70	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$174.15	\$92.04	\$0.00	\$16.79	\$17.45	\$0.00	\$35.08	\$3.03	\$8.80	\$0.96
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$117.79									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Lake Crossing Heath Care</b>  Prvdr ID: <b>00403939A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 50.9%  Nurse Hours per On-Site Day/Quality Incentive: 3.04 </div> <div> Add-on Percent: 13.37%  5.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.2839  Quarterly Medicaid CMI: 1.5918  Qtrly Mcaid CMI w RUG Wght Options: 1.6227 </div> <div> Facility Specific: 1.2839  1.5918  1.6227 </div> <div> State-wide: 1.3617  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,362,617	\$1,898,036	\$0	\$505,765	\$238,011	\$392,873	\$484,806	\$136,164	\$706,962	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$43,092)	\$11,954	\$0	\$0	\$0	\$0	(\$42,257)		(\$45,745)	\$32,956
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,319,525	\$1,909,990	\$0	\$505,765	\$238,011	\$392,873	\$442,549	\$136,164	\$661,217	\$32,956
8	Total Nursing Facility Days As Filed Days = 33,667	FY12 Audited C/R Days	33,667									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,694	FY 18 GL-PL Ins Rpt Days								33,694		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$128.29	\$56.73	\$0.00	\$15.02	\$18.74	(with L&H)	\$13.14	\$4.04	\$19.64	\$0.98
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.2839</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$44.19								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$44.19	\$0.00	\$15.02	\$18.74		\$13.14	\$4.04	\$19.64	\$0.98
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$106.12	\$44.19	\$0.00	\$15.02	\$18.74		\$13.14	\$4.04	10.01 (FRV)	\$0.98
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$12.19	\$5.91	\$0.00	\$2.01	\$2.51	\$0.00	\$1.76	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$118.31	\$50.10	\$0.00	\$17.03	\$21.25	\$0.00	\$14.90	\$4.04	\$10.01	\$0.98
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qlr End		<u>1.6227</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$81.30								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$149.51	\$81.30	\$0.00	\$17.03	\$21.25	\$0.00	\$14.90	\$4.04	\$10.01	\$0.98
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ([Stnd - Ahdw] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.47	\$4.47								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.44	\$2.44								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.54	\$7.44	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$175.05	\$88.74	\$0.00	\$17.25	\$21.66	\$0.00	\$32.37	\$4.04	\$10.01	\$0.98
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$118.46									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

**FINAL**

<div> <div> Provider: <b>Lakeland Villa Convalescent Center</b>  Prvdr ID: <b>00141732A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b> </div> <div> Nurse Hours per On-Site Day/Quality Incentive: </div> </div> <div> <div> <u>Add-on Data and Percentages</u>  Growth Allowance: <b>N/A</b>  Qtrly BIMS score: <b>33.9%</b>  5.38 </div> <div> <u>Facility Score</u>  <b>N/A</b>  <b>33.9%</b>  <b>5.38</b> </div> <div> <u>Add-on Percent</u>  <b>13.37%</b>  <b>2.5%</b>  <b>3.0%</b> </div> <div> <u>Case Mix Index (CMI) Data</u>  Base Period Overall CMI: <b>1.1323</b>  Quarterly Medicaid CMI: <b>1.2013</b>  Qtrly Mcaid CMI w RUG Wght Options: <b>1.2181</b> </div> <div> <u>Facility Specific</u>  <b>1.1323</b>  <b>1.2013</b>  <b>1.2181</b> </div> <div> <u>State-wide</u>  <b>1.3617</b>  <b>1.5382</b>  <b>1.5656</b> </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatins & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>Hosp Based</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,392,306	\$1,645,551	\$0	\$668,626	\$203,496	\$229,802	\$426,540	\$95,143	\$123,148	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$53,570)	\$15,605	\$0	\$0	(\$10,999)	(\$830)	(\$56,917)		(\$4,821)	\$4,392
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,338,736	\$1,661,156	\$0	\$668,626	\$192,497	\$228,972	\$369,623	\$95,143	\$118,327	\$4,392
8	Total Nursing Facility Days As Filed Days = 21,442	FY12 Audited C/R Days	21,442									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,646	FY 18 GL-PL Ins Rpt Days								21,646		
10	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$155.67	\$77.47	\$0.00	\$31.18	\$19.66	(with L&H)	\$17.24	\$4.40	\$5.52	\$0.20
11	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.1323</u>								
12	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.42								
13	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$68.42	\$0.00	\$31.18	\$19.66		\$17.24	\$4.40	\$5.52	\$0.20
14	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
15	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$173.07	\$68.42	\$0.00	\$29.15	\$19.66		\$17.24	\$4.40	34.00	\$0.20
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
16	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Altwnc %	\$17.98	\$9.15	\$0.00	\$3.90	\$2.63	\$0.00	\$2.30	N/A	N/A	N/A
17	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$191.05	\$77.57	\$0.00	\$33.05	\$22.29	\$0.00	\$19.54	\$4.40	\$34.00	\$0.20
18	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.2181</u>								
19	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.49								
20	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$207.97	\$94.49	\$0.00	\$33.05	\$22.29	\$0.00	\$19.54	\$4.40	\$34.00	\$0.20
<b>Quarterly Per Diem Add-on Amounts</b>												
21	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
22	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.36	\$2.36								
23	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.83	\$2.83								
24	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
25	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.60	\$5.72	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
26	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$231.57	\$100.21	\$0.00	\$33.05	\$22.70	\$0.00	\$37.01	\$4.40	\$34.00	\$0.20
27	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$160.85									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

**FINAL**

<div> <div> Provider: <b>Lee County Health Care</b>  Prvdr ID: <b>00712665A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b> </div> <div> Nurse Hours per On-Site Day/Quality Incentive: </div> </div> <div> <div> <u>Add-on Data and Percentages</u>  Growth Allowance: <b>N/A</b>  Qtrly BIMS score: <b>31.7%</b>  3.54 </div> <div> <u>Facility Score</u>  <b>N/A</b>  <b>3.54</b> </div> <div> <u>Add-on Percent</u>  <b>13.37%</b>  <b>2.5%</b>  <b>3.0%</b> </div> </div> <div> <u>Case Mix Index (CMI) Data</u>  Base Period Overall CMI: <b>1.3504</b>  Quarterly Medicaid CMI: <b>1.7073</b>  Qtrly Mcaid CMI w RUG Wght Options: <b>1.7379</b> </div> <div> <u>Facility Specific</u>  <b>1.3504</b>  <b>1.7073</b>  <b>1.7379</b> </div> <div> <u>State-wide</u>  <b>1.3617</b>  <b>1.5382</b>  <b>1.5656</b> </div>
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Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

Provider: <b>Legacy Nursing Home</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: <b>00141831A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>	Growth Allowance: <b>N/A</b>	Qtrly BIMS score: <b>38.7%</b>	3.09	13.37%	Base Period Overall CMI: <b>1.3485</b>				1.3617
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.09</b>	2.5%	2.0%	Qtrly Mcaid CMI w RUG Wght Options: <b>1.4925</b>				1.5382	1.5656	

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$10,602,496	\$4,828,687	\$0	\$919,823	\$593,480	\$585,549	\$1,993,378	\$239,085	\$1,442,494	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$1,188,497)	(\$483,423)	\$0	(\$34,284)	(\$12,529)	\$39,316	(\$777,766)		(\$168,969)	\$249,178
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$9,413,999	\$4,345,264	\$0	\$885,539	\$580,951	\$624,865	\$1,215,592	\$239,085	\$1,273,525	\$249,178
8	Total Nursing Facility Days As Filed Days = 62,971	FY12 Audited C/R Days	62,958									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 63,434	FY 18 GL-PL Ins Rpt Days								63,434		
9	Net Per Diems prior to Case Mix Adjstrmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$149.51	\$69.02	\$0.00	\$14.07	\$19.15	(with L&H)	\$19.31	\$3.77	\$20.23	\$3.96
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3485								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$51.18								
12	Net Per Diems after Case Mix Adjstrmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$51.18	\$0.00	\$14.07	\$19.15		\$19.31	\$3.77	\$20.23	\$3.96
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$121.00	\$51.18	\$0.00	\$14.07	\$19.15		\$19.31	\$3.77	9.56 (FRV)	\$3.96
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Alkwn %	\$13.86	\$6.84	\$0.00	\$1.88	\$2.56	\$0.00	\$2.58	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$134.86	\$58.02	\$0.00	\$15.95	\$21.71	\$0.00	\$21.89	\$3.77	\$9.56	\$3.96
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4925								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.59								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$163.43	\$86.59	\$0.00	\$15.95	\$21.71	\$0.00	\$21.89	\$3.77	\$9.56	\$3.96
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((SInd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.16	\$2.16								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.73	\$1.73								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.52	\$4.42	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$185.95	\$91.01	\$0.00	\$16.17	\$22.12	\$0.00	\$39.36	\$3.77	\$9.56	\$3.96
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$126.64									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Legacy Nursing Home Prvdr ID: 00415522A H/B ? : No			Add-on Data and Percentages Growth Allowance: N/A BIMS: 42.9% Nurse Hours per On-Site Day/Quality Incentive: 4.26			Facility Score Add-on Percent N/A 13.37% BIMS: 42.9% 2.5% 4.26 3.0%		Case Mix Index (CMI) Data Base Period Overall CMI: 1.2012 Quarterly Medicaid CMI: 1.2226 Qrtly Mcaid CMI w RUG Wght Options: 1.2438			Facility Specific 1.2012 1.3617 1.2226 1.5438 1.2438 1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
Cost Center Peer Groups per Selected Options				1	1	2	1	1	1			
Type of Facility within Peer Group				All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
Bed Size Range within Peer Group				All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
Peer Group Standards: Percentile				90.0%	90.0%	90.0%	85.0%		50.0%			
Peer Group Standards: Multiplier				100.0%	100.0%	100.0%	100.0%		105.0%			
Efficiency Measures (Maximums)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Per Diem Costs and Add-ons												
GL-PL- Insurance Costs		FY2018 GL-PL Ins. Rpt								\$ 35,074		
Total Nursing Facility Days GL-PL Ins. Rpt		FY2018 GL-PL Ins. Rpt								10,058		
Standard Per Diem (After CMA for Routine Svcs)		FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$37.45	\$0.72
Allowed @ 95% of Std			\$165.06	\$67.93		\$17.49	\$21.94		\$19.53		\$37.45	\$0.72
Growth Allowance 13.4%			\$16.97	\$9.08		\$2.34	\$2.93		\$2.61			
CMA Allowed Per Diem (After Growth Allowance)			\$185.52	\$77.01		\$19.83	\$24.87		\$22.14	\$ 3.49	\$37.45	\$0.72
Quarterly Facility Case Mix Index for Medicaid Residents				1.2438							(FRV Rate)	
Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem				\$95.79								
Quarterly Medicaid CMA Allowed Per Diem			\$204.29	\$95.79		\$19.83	\$24.87		\$22.14	\$3.49	\$37.45	\$0.72
Quarterly Per Diem Add-On Amounts												
BIMS Add-on Per Diem = 2.5% (to Routine Svcs)			\$2.39	\$2.39								
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%			\$2.87	\$2.87								
Nursing Home Provider Fee			\$17.10						17.10			
Total Quarterly Per Diem Add-On Amounts			\$22.37									
Quarterly Case Mix Based Per Diem Rate			\$226.66	\$101.06		\$19.83	\$24.87		\$39.24	\$3.49	\$37.45	\$0.72
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%		\$157.17										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Life Care Center of Gwinnett</b>  Prvdr ID: <b>00370873A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 47.8%  Nurse Hours per On-Site Day/Quality Incentive: 3.76 </div> <div> Facility Score  Add-on Percent  13.37%  5.5%  2.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.4103  Quarterly Medicaid CMI: 1.5219  Qtrly Mcaid CMI w RUG Wght Options: 1.5454 </div> <div> Facility Specific  State-wide  1.3617  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,665,058	\$5,068,417	\$0	\$912,914	\$442,087	\$453,649	\$1,267,542	\$128,955	\$391,494	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$46,403)	\$0	\$0	(\$3,153)	\$8,679	\$9,090	(\$68,753)		(\$61,690)	\$69,424
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,618,655	\$5,068,417	\$0	\$909,761	\$450,766	\$462,739	\$1,198,789	\$128,955	\$329,804	\$69,424
8	Total Nursing Facility Days As Filed Days = 54,727	FY12 Audited C/R Days	54,727									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 43,590	FY 18 GL-PL Ins Rpt Days								43,590		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$158.08	\$92.61	\$0.00	\$16.62	\$16.69	(with L&H)	\$21.90	\$2.96	\$6.03	\$1.27
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4103								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.67								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$65.67	\$0.00	\$16.62	\$16.69		\$21.90	\$2.96	\$6.03	\$1.27
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$134.10	\$65.67	\$0.00	\$16.62	\$16.69		\$20.56	\$2.96	10.33 (FRV)	\$1.27
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Alkwn %	\$15.98	\$8.78	\$0.00	\$2.22	\$2.23	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$150.08	\$74.45	\$0.00	\$18.84	\$18.92	\$0.00	\$23.31	\$2.96	\$10.33	\$1.27
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5454								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.06								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$190.69	\$115.06	\$0.00	\$18.84	\$18.92	\$0.00	\$23.31	\$2.96	\$10.33	\$1.27
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.33	\$6.33								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.30	\$2.30								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.89	\$9.16	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$217.58</b>	<b>\$124.22</b>	<b>\$0.00</b>	<b>\$19.06</b>	<b>\$19.33</b>	<b>\$0.00</b>	<b>\$40.41</b>	<b>\$2.96</b>	<b>\$10.33</b>	<b>\$1.27</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$150.36</b>									



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

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Provider: <b>Life Care Center of Lawrenceville</b>			<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00818914A</b>			Growth Allowance: N/A		13.37%	Base Period Overall CMI: 1.5316				1.3617		
Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>			Qtrly BIMS score: 17.2%		0.0%	Quarterly Medicaid CMI: 1.1761				1.5382		
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/20</b>			Nurse Hours per On-Site Day/Quality Incentive: 4.41		3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.1906				1.5656		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>  <b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i> <i>Peer Group Standards: Multiplier</i> <i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,295,559	\$4,408,813	\$0	\$809,583	\$359,692	\$476,855	\$1,418,629	\$99,060	\$722,927	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstrmts	(\$8,410)	\$0	\$0	\$0	\$10,840	\$14,371	(\$56,596)		(\$97,284)	\$120,259
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,287,149	\$4,408,813	\$0	\$809,583	\$370,532	\$491,226	\$1,362,033	\$99,060	\$625,643	\$120,259
8	Total Nursing Facility Days As Filed Days = 42,756	FY12 Audited C/R Days	42,756									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,867	FY 18 GL-PL Ins Rpt Days								30,867		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$194.72	\$103.12	\$0.00	\$18.93	\$20.16	(with L&H)	\$31.86	\$3.21	\$14.63	\$2.81
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<b>1.5316</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.33								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$67.33	\$0.00	\$18.93	\$20.16		\$31.86	\$3.21	\$14.63	\$2.81
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$150.20	\$67.33	\$0.00	\$18.41	\$20.16		\$20.56	\$3.21	17.72 (FRV)	\$2.81
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$16.91	\$9.00	\$0.00	\$2.46	\$2.70	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$167.11	\$76.33	\$0.00	\$20.87	\$22.86	\$0.00	\$23.31	\$3.21	\$17.72	\$2.81
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.1906</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.88								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.66	\$90.88	\$0.00	\$20.87	\$22.86	\$0.00	\$23.31	\$3.21	\$17.72	\$2.81
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.73	\$2.73								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.77	\$3.26	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$202.43	\$94.14	\$0.00	\$20.87	\$23.27	\$0.00	\$40.41	\$3.21	\$17.72	\$2.81
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$139.00									



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

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<div> <div> Provider: <b>Lillian G. Carter Nursing Center</b>  Prvdr ID: <b>00142524A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: <b>N/A</b>  Qtrly BIMS score: <b>60.6%</b>  Nurse Hours per On-Site Day/Quality Incentive: <b>3.35</b> </div> <div> Facility Score: <b>N/A</b>  Add-on Percent: <b>13.37%</b>  5.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: <b>1.3539</b>  Quarterly Medicaid CMI: <b>1.6561</b>  Qtrly Mcaid CMI w RUG Wght Options: <b>1.6865</b> </div> <div> Facility Specific: <b>1.3539</b>  1.6561  1.6865 </div> <div> State-wide: <b>1.3617</b>  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
3	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R - FY 2018 GL-PL Rpt	\$4,412,648	\$2,291,688	\$0	\$446,145	\$289,968	\$320,244	\$566,488	\$95,759	\$402,356	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$22,722)	\$0	\$0	\$0	\$0	\$0	(\$22,722)		(\$27,757)	\$27,757
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,389,926	\$2,291,688	\$0	\$446,145	\$289,968	\$320,244	\$543,766	\$95,759	\$374,599	\$27,757
8	Total Nursing Facility Days As Filed Days = 34,425	FY12 Audited C/R Days	34,425									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,869	FY 18 GL-PL Ins Rpt Days								33,869		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$127.58	\$66.57	\$0.00	\$12.96	\$17.73	(with L&H)	\$15.80	\$2.83	\$10.88	\$0.81
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<b>1.3539</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.17								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$49.17	\$0.00	\$12.96	\$17.73		\$15.80	\$2.83	\$10.88	\$0.81
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$107.85	\$49.17	\$0.00	\$12.96	\$17.73		\$15.80	\$2.83	8.55 (FRV)	\$0.81
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$12.78	\$6.57	\$0.00	\$1.73	\$2.37	\$0.00	\$2.11	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$120.63	\$55.74	\$0.00	\$14.69	\$20.10	\$0.00	\$17.91	\$2.83	\$8.55	\$0.81
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.6865</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.01								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$158.90	\$94.01	\$0.00	\$14.69	\$20.10	\$0.00	\$17.91	\$2.83	\$8.55	\$0.81
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Ahd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.17	\$5.17								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.82	\$2.82								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.62	\$8.52	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$185.52</b>	<b>\$102.53</b>	<b>\$0.00</b>	<b>\$14.91</b>	<b>\$20.51</b>	<b>\$0.00</b>	<b>\$35.38</b>	<b>\$2.83</b>	<b>\$8.55</b>	<b>\$0.81</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$126.32</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

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<div> <div> Provider: <b>Lumber City Nurs. &amp; Rehab. Ctr.</b>  Prvdr ID: <b>00270256A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 33.3%  Nurse Hours per On-Site Day/Quality Incentive: 2.70 </div> <div> Facility Score  Add-on Percent  13.37%  2.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.7031  Quarterly Medicaid CMI: 1.7483  Qtrly Mcaid CMI w RUG Wght Options: 1.7812 </div> <div> Facility Specific  State-wide  1.3617  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,349,757	\$2,002,334	\$0	\$412,710	\$229,410	\$225,042	\$933,857	\$33,563	\$512,841	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$526,780)	(\$144,131)	\$0	(\$2,334)	(\$1,082)	\$2,190	(\$439,978)		\$41,023	\$17,532
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,822,977	\$1,858,203	\$0	\$410,376	\$228,328	\$227,232	\$493,879	\$33,563	\$553,864	\$17,532
8	Total Nursing Facility Days As Filed Days = 27,563	FY12 Audited C/R Days	27,576									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,722	FY 18 GL-PL Ins Rpt Days								25,722		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$138.72	\$67.38	\$0.00	\$14.88	\$16.52	(with L&H)	\$17.91	\$1.30	\$20.09	\$0.64
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.7031								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$39.56								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$39.56	\$0.00	\$14.88	\$16.52		\$17.91	\$1.30	\$20.09	\$0.64
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$99.56	\$39.56	\$0.00	\$14.88	\$16.52		\$17.91	\$1.30	8.75 (FRV)	\$0.64
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Altwnc %	\$11.88	\$5.29	\$0.00	\$1.99	\$2.21	\$0.00	\$2.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$111.44	\$44.85	\$0.00	\$16.87	\$18.73	\$0.00	\$20.30	\$1.30	\$8.75	\$0.64
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7812								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$79.89								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$146.48	\$79.89	\$0.00	\$16.87	\$18.73	\$0.00	\$20.30	\$1.30	\$8.75	\$0.64
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.00	\$2.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.40	\$2.40								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.03	\$4.93	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$169.51	\$84.82	\$0.00	\$17.09	\$19.14	\$0.00	\$37.77	\$1.30	\$8.75	\$0.64
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$114.31									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

**FINAL**

<div> <div> Provider: <b>Lynn Haven Health &amp; Rehab</b>  Prvdr ID: <b>00083036A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: <b>N/A</b>  Qtrly BIMS score: <b>48.8%</b>  Nurse Hours per On-Site Day/Quality Incentive: <b>3.27</b> </div> <div> Facility Score: <b>N/A</b>  Add-on Percent: <b>13.37%</b>  5.5%  2.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: <b>1.3693</b>  Quarterly Medicaid CMI: <b>1.7147</b>  Qtrly Mcaid CMI w RUG Wght Options: <b>1.7486</b> </div> <div> Facility Specific: <b>1.3617</b>  1.5382  1.5656 </div> <div> State-wide </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekeeping	Plant Operations & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,435,046	\$3,026,757	\$0	\$546,044	\$261,626	\$409,810	\$685,345	\$99,353	\$406,111	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$23,544)	(\$535)	\$0	\$0	\$0	\$0	(\$23,009)		(\$33,328)	\$33,328
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,411,502	\$3,026,222	\$0	\$546,044	\$261,626	\$409,810	\$662,336	\$99,353	\$372,783	\$33,328
8	Total Nursing Facility Days As Filed Days = 34,161	FY12 Audited C/R Days	34,161									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,802	FY 18 GL-PL Ins Rpt Days								30,802		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$158.74	\$68.59	\$0.00	\$15.98	\$19.66	(with L&H)	\$19.39	\$3.23	\$10.91	\$0.98
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3693								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.70								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$64.70	\$0.00	\$15.98	\$19.66		\$19.39	\$3.23	\$10.91	\$0.98
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$135.98	\$64.70	\$0.00	\$15.98	\$19.66		\$19.39	\$3.23	12.04 (FRV)	\$0.98
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$16.01	\$8.65	\$0.00	\$2.14	\$2.63	\$0.00	\$2.59	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$151.99	\$73.35	\$0.00	\$18.12	\$22.29	\$0.00	\$21.98	\$3.23	\$12.04	\$0.98
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7486								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$128.26								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$206.90	\$128.26	\$0.00	\$18.12	\$22.29	\$0.00	\$21.98	\$3.23	\$12.04	\$0.98
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Snd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$7.05	\$7.05								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$2.57	\$2.57								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.25	\$10.15	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$235.15</b>	<b>\$138.41</b>	<b>\$0.00</b>	<b>\$18.34</b>	<b>\$22.70</b>	<b>\$0.00</b>	<b>\$39.45</b>	<b>\$3.23</b>	<b>\$12.04</b>	<b>\$0.98</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$163.54</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

**FINAL**

<div> <div> Provider: <b>Madison Hlth &amp; Rehab</b>  Prvdr ID: <b>00083278A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score 51.9%  Nurse Hours per On-Site Day/Quality Incentive: 3.79 </div> <div> Add-on Percent  13.37%  5.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.3682  Quarterly Medicaid CMI: 1.5652  Qtrly Mcaid CMI w RUG Wght Options: 1.5966 </div> <div> Facility Specific  1.3682  1.5652  1.5966 </div> <div> State-wide  1.3617  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operalns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,436,321	\$1,769,663	\$0	\$456,420	\$312,704	\$341,246	\$421,894	\$87,484	\$46,910	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$88,940)	(\$3,196)	\$0	\$0	(\$5,071)	(\$2,731)	(\$74,382)		(\$42,623)	\$39,063
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,347,381	\$1,766,467	\$0	\$456,420	\$307,633	\$338,515	\$347,512	\$87,484	\$4,287	\$39,063
8	Total Nursing Facility Days As Filed Days = 24,271	FY12 Audited C/R Days	24,271									
8	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,267	FY 18 GL-PL Ins Rpt Days								25,267		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$137.78	\$72.78	\$0.00	\$18.81	\$26.62	(with L&H)	\$14.32	\$3.46	\$0.18	\$1.61
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3682								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.20								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$53.20	\$0.00	\$18.81	\$26.62		\$14.32	\$3.46	\$0.18	\$1.61
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$123.85	\$53.20	\$0.00	\$18.41	\$23.09		\$14.32	\$3.46	9.76 (FRV)	\$1.61
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14.57	\$7.11	\$0.00	\$2.46	\$3.09	\$0.00	\$1.91	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$138.42	\$60.31	\$0.00	\$20.87	\$26.18	\$0.00	\$16.23	\$3.46	\$9.76	\$1.61
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5966								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.29								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.40	\$96.29	\$0.00	\$20.87	\$26.18	\$0.00	\$16.23	\$3.46	\$9.76	\$1.61
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem (JStd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.90	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.30	\$5.30								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.89	\$2.89								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.19	\$8.72	\$0.00	\$0.00	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$200.59	\$105.01	\$0.00	\$20.87	\$26.18	\$0.00	\$33.70	\$3.46	\$9.76	\$1.61
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$137.62									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Magnolia Manor Columbus East</b>  Prvdr ID: <b>00083047A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score 18.7%  Nurse Hours per On-Site Day/Quality Incentive: 4.27 </div> <div> Facility Score  Add-on Percent  13.37%  0.0%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.5222  Quarterly Medicaid CMI: 1.6655  Qtrly Mcaid CMI w RUG Wght Options: 1.6980 </div> <div> Facility Specific  1.5222  1.6655  1.6980 </div> <div> State-wide  1.3617  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,445,631	\$4,210,720	\$0	\$923,674	\$455,337	\$590,787	\$1,363,102	\$159,986	\$742,025	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$159,775)	(\$5,717)	\$0	\$0	\$2,553	\$0	(\$152,247)		(\$27,328)	\$22,964
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,285,856	\$4,205,003	\$0	\$923,674	\$457,890	\$590,787	\$1,210,855	\$159,986	\$714,697	\$22,964
8	Total Nursing Facility Days As Filed Days = 52,157	FY12 Audited C/R Days	52,157									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 47,971	FY 18 GL-PL Ins Rpt Days								47,971		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$159.14	\$80.62	\$0.00	\$17.71	\$20.11	(with L&H)	\$23.22	\$3.34	\$13.70	\$0.44
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5222								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.96								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$52.96	\$0.00	\$17.71	\$20.11		\$23.22	\$3.34	\$13.70	\$0.44
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$124.84	\$52.96	\$0.00	\$17.71	\$20.11		\$20.56	\$3.34	9.72 (FRV)	\$0.44
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Alwnc %	\$14.89	\$7.08	\$0.00	\$2.37	\$2.69	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$139.73	\$60.04	\$0.00	\$20.08	\$22.80	\$0.00	\$23.31	\$3.34	\$9.72	\$0.44
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6980								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.95								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.64	\$101.95	\$0.00	\$20.08	\$22.80	\$0.00	\$23.31	\$3.34	\$9.72	\$0.44
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem (ISnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.06	\$3.06								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.32	\$3.59	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$202.96	\$105.54	\$0.00	\$20.30	\$23.21	\$0.00	\$40.41	\$3.34	\$9.72	\$0.44
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$139.40									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

**FINAL**

<div> <div> Provider: <b>Magnolia Manor Columbus West</b>  Prvdr ID: <b>00083124A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score 45.3%  Nurse Hours per On-Site Day/Quality Incentive: 4.38 </div> <div> Facility Score  Add-on Percent  13.37%  5.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.3234  Quarterly Medicaid CMI: 1.6379  Qtrly Mcaid CMI w RUG Wght Options: 1.6704 </div> <div> Facility Specific  State-wide  1.3234  1.3617  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,258,109	\$3,172,069	\$0	\$736,455	\$305,859	\$560,778	\$768,365	\$126,895	\$587,688	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$75,758)	\$0	\$0	\$0	\$10,846	\$19,885	(\$127,327)		(\$12,052)	\$32,890
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,182,351	\$3,172,069	\$0	\$736,455	\$316,705	\$580,663	\$641,038	\$126,895	\$575,636	\$32,890
8	Total Nursing Facility Days As Filed Days = 45,728	FY12 Audited C/R Days	45,728									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 43,833	FY 18 GL-PL Ins Rpt Days								43,833		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$135.32	\$69.37	\$0.00	\$16.11	\$19.62	(with L&H)	\$14.02	\$2.89	\$12.59	\$0.72
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<b>1.3234</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.42								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$52.42	\$0.00	\$16.11	\$19.62		\$14.02	\$2.89	\$12.59	\$0.72
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$116.23	\$52.42	\$0.00	\$16.11	\$19.62		\$14.02	\$2.89	10.45 (FRV)	\$0.72
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$13.65	\$7.01	\$0.00	\$2.15	\$2.62	\$0.00	\$1.87	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$129.88	\$59.43	\$0.00	\$18.26	\$22.24	\$0.00	\$15.89	\$2.89	\$10.45	\$0.72
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.6704</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.27								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$169.72	\$99.27	\$0.00	\$18.26	\$22.24	\$0.00	\$15.89	\$2.89	\$10.45	\$0.72
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.46	\$5.46								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$2.98	\$2.98								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.07	\$8.97	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$196.79</b>	<b>\$108.24</b>	<b>\$0.00</b>	<b>\$18.48</b>	<b>\$22.65</b>	<b>\$0.00</b>	<b>\$33.36</b>	<b>\$2.89</b>	<b>\$10.45</b>	<b>\$0.72</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$134.77</b>									



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

Provider: <b>Magnolia Manor Marion County</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00141809A</b>		Growth Allowance:		N/A	13.37%	Base Period Overall CMI:				1.2265	1.3617	
Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>		Qtrly BIMS score		26.9%	1.0%	Quarterly Medicaid CMI:				1.5422	1.5382	
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		4.66	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.5730	1.5656	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,708,581	\$1,357,104	\$0	\$318,446	\$194,801	\$328,884	\$396,003	\$54,698	\$58,645	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstrmts	(\$2,647)	\$0	\$0	\$0	\$0	(\$174)	(\$51,087)		\$39,676	\$8,938
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,705,934	\$1,357,104	\$0	\$318,446	\$194,801	\$328,710	\$344,916	\$54,698	\$98,321	\$8,938
8	Total Nursing Facility Days As Filed Days = 21,445	FY12 Audited C/R Days	21,445									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,966	FY 18 GL-PL Ins Rpt Days								21,966		
9	Net Per Diems prior to Case Mix Adjstrmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$126.11	\$63.28	\$0.00	\$14.85	\$24.41	(with L&H)	\$16.08	\$2.49	\$4.58	\$0.42
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2265								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$51.59								
12	Net Per Diems after Case Mix Adjstrmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$51.59	\$0.00	\$14.85	\$24.41		\$16.08	\$2.49	\$4.58	\$0.42
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$138.86	\$51.59	\$0.00	\$14.85	\$23.09		\$16.08	\$2.49	30.34 (FRV)	\$0.42
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14.13	\$6.90	\$0.00	\$1.99	\$3.09	\$0.00	\$2.15	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$152.99	\$58.49	\$0.00	\$16.84	\$26.18	\$0.00	\$18.23	\$2.49	\$30.34	\$0.42
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5730								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.00								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$186.50	\$92.00	\$0.00	\$16.84	\$26.18	\$0.00	\$18.23	\$2.49	\$30.34	\$0.42
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.92	\$0.92								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.76	\$2.76								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.90	\$4.21	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$208.40	\$96.21	\$0.00	\$17.06	\$26.18	\$0.00	\$35.70	\$2.49	\$30.34	\$0.42
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$143.48									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Magnolia Manor Methodist Nursing Care</b>  Prvdr ID: <b>00040785A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: <b>N/A</b>  Qtrly BIMS score: <b>41.3%</b>  Nurse Hours per On-Site Day/Quality Incentive: <b>4.80</b> </div> <div> Facility Score: <b>N/A</b>  Add-on Percent: <b>13.37%</b>  2.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: <b>1.3316</b>  Quarterly Medicaid CMI: <b>1.7044</b>  Qtrly Mcaid CMI w RUG Wght Options: <b>1.7383</b> </div> <div> Facility Specific: <b>1.3316</b>  1.7044  1.7383 </div> <div> State-wide: <b>1.3617</b>  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$9,064,693	\$5,146,324	\$0	\$992,512	\$721,208	\$562,732	\$1,200,525	\$189,134	\$252,258	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$247,316)	(\$7,001)	\$0	\$0	\$0	(\$374)	(\$171,270)		(\$105,784)	\$37,113
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,817,377	\$5,139,323	\$0	\$992,512	\$721,208	\$562,358	\$1,029,255	\$189,134	\$146,474	\$37,113
8	Total Nursing Facility Days	As Filed Days = 69,699										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 63,134										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	FY12 Audited C/R Days	69,699									
		FY 18 GL-PL Ins Rpt Days								63,134		
10	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$126.80	\$73.74	\$0.00	\$14.24	\$18.42	(with L&H)	\$14.77	\$3.00	\$2.10	\$0.53
11	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3316								
12	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.38								
13	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.38	\$0.00	\$14.24	\$18.42		\$14.77	\$3.00	\$2.10	\$0.53
14	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
15	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$127.56	\$55.38	\$0.00	\$14.24	\$18.42		\$14.77	\$3.00	21.22 (FRV)	\$0.53
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
16	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$13.73	\$7.40	\$0.00	\$1.90	\$2.46	\$0.00	\$1.97	N/A	N/A	N/A
17	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.29	\$62.78	\$0.00	\$16.14	\$20.88	\$0.00	\$16.74	\$3.00	\$21.22	\$0.53
18	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7383								
19	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.13								
	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.64	\$109.13	\$0.00	\$16.14	\$20.88	\$0.00	\$16.74	\$3.00	\$21.22	\$0.53
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Ahd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.73	\$2.73								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.27	\$3.27								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$7.53	\$6.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$195.17	\$115.66	\$0.00	\$16.36	\$21.29	\$0.00	\$17.11	\$3.00	\$21.22	\$0.53
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$146.38									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

Provider: <b>Magnolia Manor St. Simons</b>			<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00141402A</b>			Growth Allowance: N/A		N/A	13.37%	Base Period Overall CMI: 1.2961				1.2961	1.3617
Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>			Qtrly BIMS score: 52.4%		52.4%	5.5%	Quarterly Medicaid CMI: 1.6285				1.6285	1.5382
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/20</b>			Nurse Hours per On-Site Day/Quality Incentive: 4.32		4.32	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6611				1.6611	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,181,049	\$3,112,621	\$0	\$641,999	\$319,487	\$328,576	\$899,748	\$96,061	\$782,557	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$91,675)	\$0	\$0	\$0	\$0	\$0	(\$95,911)		(\$143,080)	\$147,316
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,089,374	\$3,112,621	\$0	\$641,999	\$319,487	\$328,576	\$803,837	\$96,061	\$639,477	\$147,316
8	Total Nursing Facility Days As Filed Days = 40,531	FY12 Audited C/R Days	40,531									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,015	FY 18 GL-PL Ins Rpt Days								36,015		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$150.54	\$76.80	\$0.00	\$15.84	\$15.99	(with L&H)	\$19.83	\$2.67	\$15.78	\$3.63
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.2961</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.25								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$59.25	\$0.00	\$15.84	\$15.99		\$19.83	\$2.67	\$15.78	\$3.63
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.43	\$59.25	\$0.00	\$15.84	\$15.99		\$19.83	\$2.67	9.22 (FRV)	\$3.63
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Altwnc %	\$14.83	\$7.92	\$0.00	\$2.12	\$2.14	\$0.00	\$2.65	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.26	\$67.17	\$0.00	\$17.96	\$18.13	\$0.00	\$22.48	\$2.67	\$9.22	\$3.63
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.6611</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.58								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$185.67	\$111.58	\$0.00	\$17.96	\$18.13	\$0.00	\$22.48	\$2.67	\$9.22	\$3.63
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([SInd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.14	\$6.14								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$3.35	\$3.35								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.12	\$10.02	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$213.79	\$121.60	\$0.00	\$18.18	\$18.54	\$0.00	\$39.95	\$2.67	\$9.22	\$3.63
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$147.52									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

Provider: Manor Care Rehab Ctr of Decatur				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00159266A				Growth Allowance:		N/A	13.37%	Base Period Overall CMI:				1.6688	1.3617
Case Mix Per Diem Rate Effective Date: 4/1/2021				Qtrly BIMS score		26.4%	1.0%	Quarterly Medicaid CMI:				1.1656	1.5382
MDS & Nurse Hrs Data per Quarter Ending: 12/31/20				Nurse Hours per On-Site Day/Quality Incentive:		3.92	1.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.1834	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
Peer Group Standards & Efficiency Measure Limits													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,625,627	\$4,465,528	\$0	\$840,596	\$382,254	\$390,308	\$1,730,610	\$162,679	\$653,652	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$296,438)	(\$3,847)	\$0	\$731	\$0	(\$6,945)	(\$410,728)		\$54,437	\$69,914	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,329,189	\$4,461,681	\$0	\$841,327	\$382,254	\$383,363	\$1,319,882	\$162,679	\$708,089	\$69,914	
8	Total Nursing Facility Days As Filed Days = 45,284	FY12 Audited C/R Days	45,284										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,247	FY 18 GL-PL Ins Rpt Days								41,247			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$184.29	\$98.53	\$0.00	\$18.58	\$16.91	(with L&H)	\$29.15	\$3.94	\$15.64	\$1.54	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.6688									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.04									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$59.04	\$0.00	\$18.58	\$16.91		\$29.15	\$3.94	\$15.64	\$1.54	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$132.15	\$59.04	\$0.00	\$18.41	\$16.91		\$20.56	\$3.94	11.75 (FRV)	\$1.54	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$15.36	\$7.89	\$0.00	\$2.46	\$2.26	\$0.00	\$2.75	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$147.51	\$66.93	\$0.00	\$20.87	\$19.17	\$0.00	\$23.31	\$3.94	\$11.75	\$1.54	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1834									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$79.20									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$159.78	\$79.20	\$0.00	\$20.87	\$19.17	\$0.00	\$23.31	\$3.94	\$11.75	\$1.54	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ([Stnd - Atwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.79	\$0.79									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$0.79	\$0.79									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$19.62	\$2.11	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$179.40	\$81.31	\$0.00	\$20.87	\$19.58	\$0.00	\$40.41	\$3.94	\$11.75	\$1.54	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$121.73										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

**FINAL**

<div> <div> Provider: <b>Manor Care Rehab Ctr of Marietta</b>  Prvdr ID: <b>00236211A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score 11.4%  Nurse Hours per On-Site Day/Quality Incentive: 5.01 </div> <div> Facility Score  Add-on Percent  13.37%  0.0%  2.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.6382  Quarterly Medicaid CMI: 1.1305  Qtrly Mcaid CMI w RUG Wght Options: 1.1463 </div> <div> Facility Specific  1.6382  1.1305  1.1463 </div> <div> State-wide  1.3617  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,342,490	\$4,375,091	\$0	\$777,002	\$297,088	\$344,623	\$1,273,859	\$614,329	\$660,498	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	\$80,668	\$4,387	\$0	(\$1,184)	\$0	(\$14,347)	(\$110,201)		\$138,912	\$63,101
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,423,158	\$4,379,478	\$0	\$775,818	\$297,088	\$330,276	\$1,163,658	\$614,329	\$799,410	\$63,101
8	Total Nursing Facility Days As Filed Days = 40,191	FY12 Audited C/R Days	40,191									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,639	FY 18 GL-PL Ins Rpt Days								39,639		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$209.79	\$108.97	\$0.00	\$19.30	\$15.61	(with L&H)	\$28.95	\$15.50	\$19.89	\$1.57
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.6382								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.52								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$66.52	\$0.00	\$19.30	\$15.61		\$28.95	\$15.50	\$19.89	\$1.57
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$150.02	\$66.52	\$0.00	\$18.41	\$15.61		\$20.56	\$15.50	11.85 (FRV)	\$1.57
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Alhnc %	\$16.19	\$8.89	\$0.00	\$2.46	\$2.09	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$166.21	\$75.41	\$0.00	\$20.87	\$17.70	\$0.00	\$23.31	\$15.50	\$11.85	\$1.57
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1463								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.44								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.24	\$86.44	\$0.00	\$20.87	\$17.70	\$0.00	\$23.31	\$15.50	\$11.85	\$1.57
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.73	\$1.73								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$19.77	\$2.26	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$197.01</b>	<b>\$88.70</b>	<b>\$0.00</b>	<b>\$20.87</b>	<b>\$18.11</b>	<b>\$0.00</b>	<b>\$40.41</b>	<b>\$15.50</b>	<b>\$11.85</b>	<b>\$1.57</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$134.93</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

Provider: <b>Maple Ridge Health Care Center</b>			<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00534619A</b>			Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.2349</b>				<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/20</b>			Nurse Hours per On-Site Day/Quality Incentive: <b>4.09</b>		Qtrly BIMS score <b>44.9%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.6312</b>				<b>1.5382</b>	
						<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.6620</b>				<b>1.5656</b>	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,943,033	\$1,944,380	\$0	\$488,126	\$238,505	\$291,383	\$683,234	\$81,003	\$216,402	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$112,823)	\$182	\$0	\$0	\$0	\$46	(\$116,865)		(\$38,939)	\$42,753
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,830,210	\$1,944,562	\$0	\$488,126	\$238,505	\$291,429	\$566,369	\$81,003	\$177,463	\$42,753
8	Total Nursing Facility Days As Filed Days = 25,532	FY12 Audited C/R Days	25,532									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,703	FY 18 GL-PL Ins Rpt Days								25,703		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$149.99	\$76.16	\$0.00	\$19.12	\$20.76	(with L&H)	\$22.18	\$3.15	\$6.95	\$1.67
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.2349</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.67								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$61.67	\$0.00	\$19.12	\$20.76		\$22.18	\$3.15	\$6.95	\$1.67
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$140.30	\$61.67	\$0.00	\$18.41	\$20.76		\$20.56	\$3.15	14.08 (FRV)	\$1.67
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$16.24	\$8.25	\$0.00	\$2.46	\$2.78	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$156.54	\$69.92	\$0.00	\$20.87	\$23.54	\$0.00	\$23.31	\$3.15	\$14.08	\$1.67
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.6620</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.21								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.83	\$116.21	\$0.00	\$20.87	\$23.54	\$0.00	\$23.31	\$3.15	\$14.08	\$1.67
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.91	\$2.91								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$3.49	\$3.49								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.44	\$6.93	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$227.27	\$123.14	\$0.00	\$20.87	\$23.95	\$0.00	\$40.41	\$3.15	\$14.08	\$1.67
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$157.63									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

**FINAL**

Provider: <b>McRae Manor Nursing Home</b>				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00141853A</b>				Growth Allowance:		N/A	13.37%	Base Period Overall CMI:			1.1896	1.3617
Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>				Qtrly BIMS score		33.3%	2.5%	Quarterly Medicaid CMI:			1.4627	1.5382
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/20</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.98	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4891	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>  <b>Peer Group Standards &amp; Efficiency Measure Limits</b> 2 <i>Peer Group Standards: Percentile</i> 3 <i>Peer Group Standards: Multiplier</i> 4 <i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,454,848	\$3,010,284	\$0	\$743,007	\$470,789	\$341,250	\$631,741	\$208,660	\$49,117	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstnts	(\$115,559)	(\$7,083)	\$0	\$0	\$0	\$0	(\$108,476)		(\$32,426)	\$32,426
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,339,289	\$3,003,201	\$0	\$743,007	\$470,789	\$341,250	\$523,265	\$208,660	\$16,691	\$32,426
8	Total Nursing Facility Days As Filed Days = 45,488 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,423	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	45,488							40,423		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$117.94	\$66.02	\$0.00	\$16.33	\$17.85	(with L&H)	\$11.50	\$5.16	\$0.37	\$0.71
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.1896								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.50								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.50	\$0.00	\$16.33	\$17.85		\$11.50	\$5.16	\$0.37	\$0.71
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$115.95	\$55.50	\$0.00	\$16.33	\$17.85		\$11.50	\$5.16	8.90 (FRV)	\$0.71
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$13.53	\$7.42	\$0.00	\$2.18	\$2.39	\$0.00	\$1.54	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$129.48	\$62.92	\$0.00	\$18.51	\$20.24	\$0.00	\$13.04	\$5.16	\$8.90	\$0.71
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4891								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.69								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$160.25	\$93.69	\$0.00	\$18.51	\$20.24	\$0.00	\$13.04	\$5.16	\$8.90	\$0.71
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((SInd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.34	\$2.34								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$2.81	\$2.81								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.78	\$5.68	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$184.03	\$99.37	\$0.00	\$18.73	\$20.65	\$0.00	\$30.51	\$5.16	\$8.90	\$0.71
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$125.20									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

Provider: Meadowbrook Healthcare			Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00141864A			Growth Allowance: N/A			67.1%	13.37%	Base Period Overall CMI: 1.5049			1.3617	
Case Mix Per Diem Rate Effective Date: 4/1/2021			Qtrly BIMS score: 67.1%			5.5%		Quarterly Medicaid CMI: 2.0149			1.5382	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/20			Nurse Hours per On-Site Day/Quality Incentive: 2.68			3.0%		Qtrly Mcaid CMI w RUG Wght Options: 2.0547			1.5656	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatlns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group  Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,268,382	\$3,421,723	\$0	\$611,453	\$384,662	\$428,999	\$973,872	\$41,092	\$1,406,581	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstrnts	(\$544,065)	(\$333,545)	\$0	(\$650)	(\$4,583)	(\$3,347)	(\$95,288)		(\$198,043)	\$91,391
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,724,317	\$3,088,178	\$0	\$610,803	\$380,079	\$425,652	\$878,584	\$41,092	\$1,208,538	\$91,391
8	Total Nursing Facility Days As Filed Days = 43,599	FY12 Audited C/R Days	43,599									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 42,766	FY 18 GL-PL Ins Rpt Days								42,766		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$154.25	\$70.83	\$0.00	\$14.01	\$18.48	(with L&H)	\$20.15	\$0.96	\$27.72	\$2.10
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5049								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.07								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$47.07	\$0.00	\$14.01	\$18.48		\$20.15	\$0.96	\$27.72	\$2.10
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$116.84	\$47.07	\$0.00	\$14.01	\$18.48		\$20.15	\$0.96	14.07 (FRV)	\$2.10
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Altwnc %	\$13.32	\$6.29	\$0.00	\$1.87	\$2.47	\$0.00	\$2.69	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$130.16	\$53.36	\$0.00	\$15.88	\$20.95	\$0.00	\$22.84	\$0.96	\$14.07	\$2.10
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		2.0547								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.64								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$186.44	\$109.64	\$0.00	\$15.88	\$20.95	\$0.00	\$22.84	\$0.96	\$14.07	\$2.10
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem (IStd - Atwdj x .75, up to max, or 0)	(see Policy Manual)	\$1.47	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.31		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.03	\$6.03								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.29	\$3.29								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.89	\$9.85	\$0.00	\$0.22	\$0.41	\$0.00	\$17.41	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$214.33	\$119.49	\$0.00	\$16.10	\$21.36	\$0.00	\$40.25	\$0.96	\$14.07	\$2.10
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$147.92									



Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Meadow Park H&R Prvdr ID: 003167911A H/B ?: No			Add-on Data and Percentages Growth Allowance: BIMS: Nurse Hours per On-Site Day/Quality Incentive:			Facility Score N/A 33.3% 4.18	Add-on Percent 13.37% 2.5% 3.0%	Case Mix Index (CMI) Data Base Period Overall CMI: Quarterly Medicaid CMI: Qrtly Mcaid CMI w RUG Wght Options:			Facility Specific Use Stwd 1.7784 1.8117	State-wide 1.3617 1.5438 1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatlns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
Cost Center Peer Groups per Selected Options				1	1	2	1	1	1			
Type of Facility within Peer Group				All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
Bed Size Range within Peer Group				All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
Peer Group Standards: Percentile				90.0%	90.0%	90.0%	85.0%		50.0%			
Peer Group Standards: Multiplier				100.0%	100.0%	100.0%	100.0%		105.0%			
Efficiency Measures (Maximums)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Per Diem Costs and Add-ons												
GL-PL- Insurance Costs		FY2018 GL-PL Ins. Rpt								\$ 71,803		
Total Nursing Facility Days GL-PL Ins. Rpt		FY2018 GL-PL Ins. Rpt								26,195		
Standard Per Diem (After CMA for Routine Srvcs)		FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$30.58	\$6.74
Allowed @ 95% of Std			\$164.21	\$67.93		\$17.49	\$21.94		\$19.53		\$30.58	\$6.74
Growth Allowance 13.4%			\$16.97	\$9.08		\$2.34	\$2.93		\$2.61			
CMA Allowed Per Diem (After Growth Allowance)			\$183.92	\$77.01		\$19.83	\$24.87		\$22.14	\$ 2.74	\$30.58	\$6.74
Quarterly Facility Case Mix Index for Medicaid Residents				1.8117							(FRV Rate)	
Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem				\$139.52								
Quarterly Medicaid CMA Allowed Per Diem			\$246.43	\$139.52		\$19.83	\$24.87		\$22.14	\$2.74	\$30.58	\$6.74
Quarterly Per Diem Add-On Amounts												
BIMS Add-on Per Diem = 2.5% (to Routine Srvs)			\$3.49	\$3.49								
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%			\$4.19	\$4.19								
Nursing Home Provider Fee			\$17.10						17.10			
Total Quarterly Per Diem Add-On Amounts			\$24.77									
Quarterly Case Mix Based Per Diem Rate			\$271.20	\$147.20		\$19.83	\$24.87		\$39.24	\$2.74	\$30.58	\$6.74
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%		\$190.57										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY13 Cost Report Data

**FINAL**

Provider: <b>Medical Management H &amp; R</b> Prvdr ID: <b>00141941A</b>				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>				Growth Allowance:		N/A	13.37%	Base Period Overall CMI:			1.4601	1.3617
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/20</b>				Nurse Hours per On-Site Day/Quality Incentive:		2.96	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6134	1.5382
											1.6433	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operains & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,976,905	\$1,418,642	\$0	\$322,535	\$191,562	\$206,516	\$488,966	\$18,189	\$330,495	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$81,140)	\$0	\$0	\$0	\$0	\$0	(\$81,140)		(\$42,802)	\$42,802
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,895,765	\$1,418,642	\$0	\$322,535	\$191,562	\$206,516	\$407,826	\$18,189	\$287,693	\$42,802
8	Total Nursing Facility Days As Filed Days = 30,318	FY12 Audited C/R Days	30,318									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,047	FY 18 GL-PL Ins Rpt Days								31,047		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$95.50	\$46.79	\$0.00	\$10.64	\$13.13	(with L&H)	\$13.45	\$0.59	\$9.49	\$1.41
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4601								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$32.05								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$32.05	\$0.00	\$10.64	\$13.13		\$13.45	\$0.59	\$9.49	\$1.41
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$78.87	\$32.05	\$0.00	\$10.64	\$13.13		\$13.45	\$0.59	7.60 (FRV)	\$1.41
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = #####	Ln 14 x Grwth Allwnc %	\$9.27	\$4.29	\$0.00	\$1.42	\$1.76	\$0.00	\$1.80	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$88.14	\$36.34	\$0.00	\$12.06	\$14.89	\$0.00	\$15.25	\$0.59	\$7.60	\$1.41
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6433								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$59.72								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$111.52	\$59.72	\$0.00	\$12.06	\$14.89	\$0.00	\$15.25	\$0.59	\$7.60	\$1.41
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.60	\$0.60								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.79	\$1.79								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.02	\$2.92	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$132.54	\$62.64	\$0.00	\$12.28	\$15.30	\$0.00	\$32.72	\$0.59	\$7.60	\$1.41
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$86.58									
27	Minimum Quarterly Case Mix Based Per Diem Rate		\$147.00									
28	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$97.43									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

**FINAL**

<div> <div> Provider: <b>Memorial Manor Nursing Home</b>  Prvdr ID: <b>00141919A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: <b>N/A</b>  Qtrly BIMS score: <b>34.3%</b>  Nurse Hours per On-Site Day/Quality Incentive: <b>3.56</b> </div> <div> Facility Score: <b>N/A</b>  Add-on Percent: <b>13.37%</b>  2.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: <b>1.2378</b>  Quarterly Medicaid CMI: <b>1.3974</b>  Qtrly Mcaid CMI w RUG Wght Options: <b>1.4199</b> </div> <div> Facility Specific: <b>1.2378</b>  1.3974  1.4199 </div> <div> State-wide: <b>1.3617</b>  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> Hosp Based All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,807,259	\$2,851,922	\$0	\$1,309,859	\$377,656	\$398,761	\$637,708	\$8,939	\$222,414	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$16,797)	\$0	\$0	\$0	\$448	\$473	(\$17,963)		(\$15,413)	\$15,658
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,790,462	\$2,851,922	\$0	\$1,309,859	\$378,104	\$399,234	\$619,745	\$8,939	\$207,001	\$15,658
8	Total Nursing Facility Days As Filed Days = 38,082	FY12 Audited C/R Days	38,082									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,592	FY 18 GL-PL Ins Rpt Days								35,592		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$152.07	\$74.89	\$0.00	\$34.40	\$20.41	(with L&H)	\$16.27	\$0.25	\$5.44	\$0.41
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2378								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.50								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$60.50	\$0.00	\$34.40	\$20.41		\$16.27	\$0.25	\$5.44	\$0.41
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$135.46	\$60.50	\$0.00	\$29.15	\$20.41		\$16.27	\$0.25	8.47 (FRV)	\$0.41
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$16.90	\$8.09	\$0.00	\$3.90	\$2.73	\$0.00	\$2.18	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$152.36	\$68.59	\$0.00	\$33.05	\$23.14	\$0.00	\$18.45	\$0.25	\$8.47	\$0.41
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qlr End		1.4199								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.39								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.16	\$97.39	\$0.00	\$33.05	\$23.14	\$0.00	\$18.45	\$0.25	\$8.47	\$0.41
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwdj) x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.43	\$2.43								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.92	\$2.92								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.76	\$5.88	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$204.92</b>	<b>\$103.27</b>	<b>\$0.00</b>	<b>\$33.05</b>	<b>\$23.55</b>	<b>\$0.00</b>	<b>\$35.92</b>	<b>\$0.25</b>	<b>\$8.47</b>	<b>\$0.41</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$140.87</b>									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Miller Nursing Home Prvdr ID: 00141996A H/B ?: Yes			Add-on Data and Percentages Growth Allowance: N/A BIMS: 60.9% Nurse Hours per On-Site Day/Quality Incentive: 5.28			Facility Score Add-on Percent 13.37% 5.5% 3.0%	Case Mix Index (CMI) Data Base Period Overall CMI: 1.5198 Quarterly Medicaid CMI: 2.2627 Qtrly Mcaid CMI w RUG Wght Options: 2.3068			Facility Specific 1.5198 2.2627 2.3068	State-wide 1.3617 1.5438 1.5713	
Case Mix Per Diem Rate Effective Date: 04/01/21 MDS & Nurse Hrs Data per Quarter Ending: 12/31/20												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatlns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
Cost Center Peer Groups per Selected Options												
Type of Facility within Peer Group												
Bed Size Range within Peer Group												
Peer Group Standards & Efficiency Measure Limits												
Peer Group Standards: Percentile												
Peer Group Standards: Multiplier												
Efficiency Measures (Maximums)												
Per Diem Costs and Add-ons												
GL-PL- Insurance Costs												
Total Nursing Facility Days GL-PL Ins. Rpt												
Standard Per Diem (After CMA for Routine Svcs)												
Allowed @ 95% of Std												
Growth Allowance 13.4%												
CMA Allowed Per Diem (After Growth Allowance)												
Quarterly Facility Case Mix Index for Medicaid Residents												
Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem												
Quarterly Medicaid CMA Allowed Per Diem												
Quarterly Per Diem Add-On Amounts												
BIMS Add-on Per Diem = 5.5% (to Routine Svcs)												
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%												
Nursing Home Provider Fee												
Total Quarterly Per Diem Add-On Amounts												
Quarterly Case Mix Based Per Diem Rate												
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%												

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Miona Geriatric &amp; Dementia Ctr</b>  Prvdr ID: <b>00141578A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 65.8%  Nurse Hours per On-Site Day/Quality Incentive: 3.40 </div> <div> Facility Score: N/A  Add-on Percent: 13.37%  5.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.1439  Quarterly Medicaid CMI: 1.6828  Qtrly Mcaid CMI w RUG Wght Options: 1.7141 </div> <div> Facility Specific: 1.1439  1.6828  1.7141 </div> <div> State-wide: 1.3617  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,300,389	\$1,675,226	\$0	\$445,058	\$203,315	\$228,714	\$516,016	\$49,041	\$183,019	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$53,458)	\$0	\$0	\$0	\$5,374	\$6,051	(\$65,940)		(\$25,858)	\$26,915
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,246,931	\$1,675,226	\$0	\$445,058	\$208,689	\$234,765	\$450,076	\$49,041	\$157,161	\$26,915
8	Total Nursing Facility Days As Filed Days = 30,869	FY12 Audited C/R Days	30,869									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,012	FY 18 GL-PL Ins Rpt Days								30,012		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$105.23	\$54.27	\$0.00	\$14.42	\$14.37	(with L&H)	\$14.58	\$1.63	\$5.09	\$0.87
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1439								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.44								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$47.44	\$0.00	\$14.42	\$14.37		\$14.58	\$1.63	\$5.09	\$0.87
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$103.20	\$47.44	\$0.00	\$14.42	\$14.37		\$14.58	\$1.63	9.89 (FRV)	\$0.87
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$12.14	\$6.34	\$0.00	\$1.93	\$1.92	\$0.00	\$1.95	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$115.34	\$53.78	\$0.00	\$16.35	\$16.29	\$0.00	\$16.53	\$1.63	\$9.89	\$0.87
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7141								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.18								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$153.74	\$92.18	\$0.00	\$16.35	\$16.29	\$0.00	\$16.53	\$1.63	\$9.89	\$0.87
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.07	\$5.07								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$2.77	\$2.77								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.47	\$8.37	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$180.21</b>	<b>\$100.55</b>	<b>\$0.00</b>	<b>\$16.57</b>	<b>\$16.70</b>	<b>\$0.00</b>	<b>\$34.00</b>	<b>\$1.63</b>	<b>\$9.89</b>	<b>\$0.87</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$122.33</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

Provider: <b>Mitchell Convalescent Center</b>			<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>	
Prvdr ID: <b>00142018A</b>			Growth Allowance: N/A		23.5%	13.37%	Base Period Overall CMI: 1.3464			1.3617	1.3617	
Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>			Qtrly BIMS score		1.0%	3.0%	Quarterly Medicaid CMI: 1.5229			1.5382	1.5382	
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/20</b>			Nurse Hours per On-Site Day/Quality Incentive: 3.88		3.88	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5474			1.5474	1.5656	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> Hosp Based All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,879,579	\$1,279,966	\$0	\$501,680	\$271,847	\$306,139	\$410,928	\$8,340	\$100,679	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$4,719)	\$0	\$0	\$0	\$0	\$0	(\$4,719)		(\$5,435)	\$5,435
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,874,860	\$1,279,966	\$0	\$501,680	\$271,847	\$306,139	\$406,209	\$8,340	\$95,244	\$5,435
8	Total Nursing Facility Days As Filed Days = 17,211	FY12 Audited C/R Days	17,211									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,233	FY 18 GL-PL Ins Rpt Days								17,233		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$167.03	\$74.37	\$0.00	\$29.15	\$33.58	(with L&H)	\$23.60	\$0.48	\$5.53	\$0.32
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.3464</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.24								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.24	\$0.00	\$29.15	\$33.58		\$23.60	\$0.48	\$5.53	\$0.32
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$139.34	\$55.24	\$0.00	\$29.15	\$23.09		\$20.56	\$0.48	10.50 (FRV)	\$0.32
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$17.13	\$7.39	\$0.00	\$3.90	\$3.09	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$156.47	\$62.63	\$0.00	\$33.05	\$26.18	\$0.00	\$23.31	\$0.48	\$10.50	\$0.32
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.5474</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.91								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$190.75	\$96.91	\$0.00	\$33.05	\$26.18	\$0.00	\$23.31	\$0.48	\$10.50	\$0.32
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem (Istd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.97	\$0.97								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$2.91	\$2.91								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.51	\$4.41	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$212.26	\$101.32	\$0.00	\$33.05	\$26.18	\$0.00	\$40.41	\$0.48	\$10.50	\$0.32
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$146.37									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

Provider: <b>Montezuma Health &amp; Rehab</b>			<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00142062A</b>			Growth Allowance:		N/A	13.37%	Base Period Overall CMI:				1.2929	1.3617
Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>			Qtrly BIMS score		61.5%	5.5%	Quarterly Medicaid CMI:				1.6022	1.5382
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/20</b>			Nurse Hours per On-Site Day/Quality Incentive:		3.64	2.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.6293	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,316,663	\$2,133,423	\$0	\$403,872	\$180,072	\$291,062	\$531,640	\$96,280	\$680,314	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$19,731)	\$35,731	\$0	(\$36,294)	\$0	\$0	(\$16,878)		(\$36,079)	\$33,789
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,296,932	\$2,169,154	\$0	\$367,578	\$180,072	\$291,062	\$514,762	\$96,280	\$644,235	\$33,789
8	Total Nursing Facility Days As Filed Days = 27,011	FY12 Audited C/R Days	27,011									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,343	FY 18 GL-PL Ins Rpt Days								29,343		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$158.80	\$80.31	\$0.00	\$13.61	\$17.44	(with L&H)	\$19.06	\$3.28	\$23.85	\$1.25
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<b>1.2929</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.12								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$62.12	\$0.00	\$13.61	\$17.44		\$19.06	\$3.28	\$23.85	\$1.25
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.18	\$62.12	\$0.00	\$13.61	\$17.44		\$19.06	\$3.28	9.42 (FRV)	\$1.25
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$15.01	\$8.31	\$0.00	\$1.82	\$2.33	\$0.00	\$2.55	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.19	\$70.43	\$0.00	\$15.43	\$19.77	\$0.00	\$21.61	\$3.28	\$9.42	\$1.25
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.6293</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.75								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$185.51	\$114.75	\$0.00	\$15.43	\$19.77	\$0.00	\$21.61	\$3.28	\$9.42	\$1.25
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.31	\$6.31								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.30	\$2.30								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.24	\$9.14	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$212.75	\$123.89	\$0.00	\$15.65	\$20.18	\$0.00	\$39.08	\$3.28	\$9.42	\$1.25
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$146.74									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Mountain View Health and Rehab Center</b>  Prvdr ID: <b>00143184A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 25.0%  Nurse Hours per On-Site Day/Quality Incentive: 3.29 </div> <div> Facility Score: N/A  Add-on Percent: 13.37%  1.0%  2.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.4052  Quarterly Medicaid CMI: 1.6078  Qtrly Mcaid CMI w RUG Wght Options: 1.6366 </div> <div> Facility Specific: 1.4052  State-wide: 1.3617  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,104,222	\$2,100,958	\$0	\$453,658	\$296,818	\$324,348	\$630,864	\$19,473	\$278,103	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$79,630)	\$0	\$0	\$0	(\$2,160)	(\$2,360)	(\$73,086)		(\$18,695)	\$16,671
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,024,592	\$2,100,958	\$0	\$453,658	\$294,658	\$321,988	\$557,778	\$19,473	\$259,408	\$16,671
8	Total Nursing Facility Days As Filed Days = 36,179	FY12 Audited C/R Days	36,179									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,081	FY 18 GL-PL Ins Rpt Days								33,081		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$111.29	\$58.07	\$0.00	\$12.54	\$17.04	(with L&H)	\$15.42	\$0.59	\$7.17	\$0.46
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4052								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$41.32								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$41.32	\$0.00	\$12.54	\$17.04		\$15.42	\$0.59	\$7.17	\$0.46
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$94.88	\$41.32	\$0.00	\$12.54	\$17.04		\$15.42	\$0.59	7.51 (FRV)	\$0.46
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Alwnc %	\$11.54	\$5.52	\$0.00	\$1.68	\$2.28	\$0.00	\$2.06	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$106.42	\$46.84	\$0.00	\$14.22	\$19.32	\$0.00	\$17.48	\$0.59	\$7.51	\$0.46
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6366								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$76.66								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$136.24	\$76.66	\$0.00	\$14.22	\$19.32	\$0.00	\$17.48	\$0.59	\$7.51	\$0.46
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.77	\$0.77								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.53	\$1.53								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.93	\$2.83	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$157.17	\$79.49	\$0.00	\$14.44	\$19.73	\$0.00	\$34.95	\$0.59	\$7.51	\$0.46
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$105.05									



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Muscogee Manor &amp; Rehab Center</b>  Prvdr ID: <b>00083223A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: <b>N/A</b>  Qtrly BIMS score: <b>37.5%</b>  Nurse Hours per On-Site Day/Quality Incentive: <b>5.16</b> </div> <div> Facility Score: <b>N/A</b>  Add-on Percent: <b>13.37%</b>  2.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: <b>1.2862</b>  Quarterly Medicaid CMI: <b>1.4776</b>  Qtrly Mcaid CMI w RUG Wght Options: <b>1.5046</b> </div> <div> Facility Specific: <b>1.2862</b>  State-wide: <b>1.3617</b>  <b>1.5382</b>  <b>1.5656</b> </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$11,594,213	\$5,561,817	\$0	\$1,411,906	\$555,090	\$655,317	\$2,562,448	\$149,821	\$697,814	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$437,974)	\$0	\$0	\$0	(\$122)	\$8,555	(\$450,916)		(\$9,418)	\$13,927
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$11,156,239	\$5,561,817	\$0	\$1,411,906	\$554,968	\$663,872	\$2,111,532	\$149,821	\$688,396	\$13,927
8	Total Nursing Facility Days As Filed Days = 43,099	FY12 Audited C/R Days	43,099									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 47,840	FY 18 GL-PL Ins Rpt Days								47,840		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$258.50	\$129.05	\$0.00	\$32.76	\$28.28	(with L&H)	\$48.99	\$3.13	\$15.97	\$0.32
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2862								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$100.34								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$100.34	\$0.00	\$32.76	\$28.28		\$48.99	\$3.13	\$15.97	\$0.32
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$166.52	\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$3.13	18.76 (FRV)	\$0.32
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Alhnc %	\$19.30	\$9.56	\$0.00	\$3.90	\$3.09	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$185.82	\$81.07	\$0.00	\$33.05	\$26.18	\$0.00	\$23.31	\$3.13	\$18.76	\$0.32
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5046								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.98								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$226.73	\$121.98	\$0.00	\$33.05	\$26.18	\$0.00	\$23.31	\$3.13	\$18.76	\$0.32
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem (Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.05	\$3.05								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.66	\$3.66								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.81	\$6.71	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$250.54</b>	<b>\$128.69</b>	<b>\$0.00</b>	<b>\$33.05</b>	<b>\$26.18</b>	<b>\$0.00</b>	<b>\$40.41</b>	<b>\$3.13</b>	<b>\$18.76</b>	<b>\$0.32</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$175.08</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Nancy Hart Nursing Center</b>  Prvdr ID: <b>00141336A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 29.7%  Nurse Hours per On-Site Day/Quality Incentive: 3.56 </div> <div> Facility Score  Add-on Percent  13.37%  1.0%  2.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.2652  Quarterly Medicaid CMI: 1.5209  Qtrly Mcaid CMI w RUG Wght Options: 1.5479 </div> <div> Facility Specific  State-wide  1.2652  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,678,272	\$1,275,431	\$0	\$337,858	\$197,436	\$186,331	\$449,818	\$57,540	\$173,858	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$46,985)	\$0	\$0	\$416	(\$2,761)	(\$2,606)	(\$36,980)		(\$34,638)	\$29,584
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,631,287	\$1,275,431	\$0	\$338,274	\$194,675	\$183,725	\$412,838	\$57,540	\$139,220	\$29,584
8	Total Nursing Facility Days As Filed Days = 22,951	FY12 Audited C/R Days	22,951									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,642	FY 18 GL-PL Ins Rpt Days								18,642		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$115.24	\$55.57	\$0.00	\$14.74	\$16.49	(with L&H)	\$17.99	\$3.09	\$6.07	\$1.29
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2652								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$43.92								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$43.92	\$0.00	\$14.74	\$16.49		\$17.99	\$3.09	\$6.07	\$1.29
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$104.66	\$43.92	\$0.00	\$14.74	\$16.49		\$17.99	\$3.09	7.14 (FRV)	\$1.29
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allownc %	\$12.45	\$5.87	\$0.00	\$1.97	\$2.20	\$0.00	\$2.41	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$117.11	\$49.79	\$0.00	\$16.71	\$18.69	\$0.00	\$20.40	\$3.09	\$7.14	\$1.29
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5479								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$77.07								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$144.39	\$77.07	\$0.00	\$16.71	\$18.69	\$0.00	\$20.40	\$3.09	\$7.14	\$1.29
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.77	\$0.77								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.54	\$1.54								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.94	\$2.84	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$165.33	\$79.91	\$0.00	\$16.93	\$19.10	\$0.00	\$37.87	\$3.09	\$7.14	\$1.29
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$111.17									

**Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data**

**FINAL**

<div> <div> Provider: <b>New Horizons Limestone</b>  Prvdr ID: <b>00142007A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 19.0%  Nurse Hours per On-Site Day/Quality Incentive: 4.22 </div> <div> Facility Score: N/A  Add-on Percent: 13.37%  0.0%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.2251  Quarterly Medicaid CMI: 1.1162  Qtrly Mcaid CMI w RUG Wght Options: 1.1330 </div> <div> Facility Specific: 1.2251  1.1162  1.1330 </div> <div> State-wide: 1.3617  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,528,195	\$4,765,490	\$0	\$907,894	\$514,762	\$679,003	\$1,120,927	\$62,740	\$477,379	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$69,118)	\$2,078	\$0	\$0	(\$10,806)	(\$14,256)	(\$36,110)		(\$15,554)	\$5,530
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,459,077	\$4,767,568	\$0	\$907,894	\$503,956	\$664,747	\$1,084,817	\$62,740	\$461,825	\$5,530
8	Total Nursing Facility Days As Filed Days = 44,490	FY12 Audited C/R Days	44,490									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,758	FY 18 GL-PL Ins Rpt Days								41,758		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$190.22	\$107.16	\$0.00	\$20.41	\$26.27	(with L&H)	\$24.38	\$1.50	\$10.38	\$0.12
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2251								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.47								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$87.47	\$0.00	\$20.41	\$26.27		\$24.38	\$1.50	\$10.38	\$0.12
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$149.73	\$71.51	\$0.00	\$20.41	\$23.09		\$20.56	\$1.50	12.54 (FRV)	\$0.12
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$18.13	\$9.56	\$0.00	\$2.73	\$3.09	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$167.86	\$81.07	\$0.00	\$23.14	\$26.18	\$0.00	\$23.31	\$1.50	\$12.54	\$0.12
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1330								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.85								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.64	\$91.85	\$0.00	\$23.14	\$26.18	\$0.00	\$23.31	\$1.50	\$12.54	\$0.12
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.76	\$2.76								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.08	\$2.76	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$198.72</b>	<b>\$94.61</b>	<b>\$0.00</b>	<b>\$23.36</b>	<b>\$26.18</b>	<b>\$0.00</b>	<b>\$40.41</b>	<b>\$1.50</b>	<b>\$12.54</b>	<b>\$0.12</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$136.22</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

Provider: <b>New Horizons Lanier Park</b>			<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00141072A</b>			Growth Allowance: N/A		32.9%	13.37%	Base Period Overall CMI: 1.2324				1.2324	1.3617
Case Mix Per Diem Rate Effective Date: 4/1/2021			Qtrly BIMS score: 32.9%		2.5%	2.5%	Quarterly Medicaid CMI: 1.2080				1.2080	1.5382
MDS & Nurse Hrs Data per Quarter Ending: 12/31/20			Nurse Hours per On-Site Day/Quality Incentive: 3.64		2.0%	2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.2222				1.2222	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,482,558	\$4,304,810	\$0	\$879,776	\$480,354	\$453,983	\$994,956	\$58,787	\$309,892	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$26,200)	(\$2,378)	\$0	\$0	\$478	\$8,078	(\$32,683)		(\$3,620)	\$3,925
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,456,358	\$4,302,432	\$0	\$879,776	\$480,832	\$462,061	\$962,273	\$58,787	\$306,272	\$3,925
8	Total Nursing Facility Days As Filed Days = 41,343	FY12 Audited C/R Days	41,343									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,693	FY 18 GL-PL Ins Rpt Days								40,693		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$180.38	\$104.07	\$0.00	\$21.28	\$22.81	(with L&H)	\$23.28	\$1.44	\$7.41	\$0.09
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.2324</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$84.44								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$84.44	\$0.00	\$21.28	\$22.81		\$23.28	\$1.44	\$7.41	\$0.09
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$158.45	\$71.51	\$0.00	\$21.28	\$22.81		\$20.56	\$1.44	20.76 (FRV)	\$0.09
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Althnc %	\$18.21	\$9.56	\$0.00	\$2.85	\$3.05	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$176.66	\$81.07	\$0.00	\$24.13	\$25.86	\$0.00	\$23.31	\$1.44	\$20.76	\$0.09
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.2222</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.08								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$194.67	\$99.08	\$0.00	\$24.13	\$25.86	\$0.00	\$23.31	\$1.44	\$20.76	\$0.09
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.43	\$0.00	\$0.00	\$0.22	\$0.21	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.48	\$2.48								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$1.98	\$1.98								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.99	\$4.46	\$0.00	\$0.22	\$0.21	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$216.66	\$103.54	\$0.00	\$24.35	\$26.07	\$0.00	\$40.41	\$1.44	\$20.76	\$0.09
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$149.67									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Newnan Hosp. Health &amp; Rehab Ctr</b>  Prvdr ID: <b>00040719A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 25.0%  Nurse Hours per On-Site Day/Quality Incentive: 3.87 </div> <div> Facility Score: N/A  Add-on Percent: 13.37%  1.0%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.2207  Quarterly Medicaid CMI: 1.5485  Qtrly Mcaid CMI w RUG Wght Options: 1.5760 </div> <div> Facility Specific: 1.2207  1.5485  1.5760 </div> <div> State-wide: 1.3617  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,868,327	\$4,203,284	\$0	\$810,018	\$553,544	\$354,117	\$931,074	\$99,483	\$916,807	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$44,788)	(\$11,234)	\$0	\$0	\$0	\$0	(\$33,554)		(\$46,486)	\$46,486
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,823,539	\$4,192,050	\$0	\$810,018	\$553,544	\$354,117	\$897,520	\$99,483	\$870,321	\$46,486
8	Total Nursing Facility Days As Filed Days = 50,264	FY12 Audited C/R Days	50,264									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,359	FY 18 GL-PL Ins Rpt Days								31,359		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$156.84	\$83.40	\$0.00	\$16.12	\$18.06	(with L&H)	\$17.86	\$3.17	\$17.31	\$0.92
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2207								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.32								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$68.32	\$0.00	\$16.12	\$18.06		\$17.86	\$3.17	\$17.31	\$0.92
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$137.04	\$68.32	\$0.00	\$16.12	\$18.06		\$17.86	\$3.17	12.59 (FRV)	\$0.92
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$16.09	\$9.13	\$0.00	\$2.16	\$2.41	\$0.00	\$2.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.13	\$77.45	\$0.00	\$18.28	\$20.47	\$0.00	\$20.25	\$3.17	\$12.59	\$0.92
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5760								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$122.06								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$197.74	\$122.06	\$0.00	\$18.28	\$20.47	\$0.00	\$20.25	\$3.17	\$12.59	\$0.92
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem (IStd - Alwrd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.22	\$1.22								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.66	\$3.66								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.51	\$5.41	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$221.25	\$127.47	\$0.00	\$18.50	\$20.88	\$0.00	\$37.72	\$3.17	\$12.59	\$0.92
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$153.11									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>National Health Care of Rossville</b>  Prvdr ID: <b>00083146A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: <b>N/A</b>  Qtrly BIMS score: <b>33.8%</b>  Nurse Hours per On-Site Day/Quality Incentive: <b>4.46</b> </div> <div> Facility Score: <b>N/A</b>  Add-on Percent: <b>13.37%</b>  2.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: <b>1.3032</b>  Quarterly Medicaid CMI: <b>1.2694</b>  Qtrly Mcaid CMI w RUG Wght Options: <b>1.2899</b> </div> <div> Facility Specific: <b>1.3032</b>  1.2694  1.2899 </div> <div> State-wide: <b>1.3617</b>  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,988,305	\$2,938,284	\$0	\$540,910	\$289,823	\$283,293	\$963,951	\$148,675	\$823,369	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$219,774)	(\$4,032)	\$0	\$3,835	\$0	\$1,561	(\$221,138)		(\$36,195)	\$36,195
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,768,531	\$2,934,252	\$0	\$544,745	\$289,823	\$284,854	\$742,813	\$148,675	\$787,174	\$36,195
8	Total Nursing Facility Days As Filed Days = 35,819	FY12 Audited C/R Days	35,819									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,316	FY 18 GL-PL Ins Rpt Days								32,316		
10	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$161.50	\$81.92	\$0.00	\$15.21	\$16.04	(with L&H)	\$20.74	\$4.60	\$21.98	\$1.01
11	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3032								
12	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.86								
13	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$62.86	\$0.00	\$15.21	\$16.04		\$20.74	\$4.60	\$21.98	\$1.01
14	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
15	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$129.55	\$62.86	\$0.00	\$15.21	\$16.04		\$20.56	\$4.60	9.27 (FRV)	\$1.01
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
16	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$15.32	\$8.40	\$0.00	\$2.03	\$2.14	\$0.00	\$2.75	N/A	N/A	N/A
17	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$144.87	\$71.26	\$0.00	\$17.24	\$18.18	\$0.00	\$23.31	\$4.60	\$9.27	\$1.01
18	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2899								
19	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.92								
20	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$165.53	\$91.92	\$0.00	\$17.24	\$18.18	\$0.00	\$23.31	\$4.60	\$9.27	\$1.01
<b>Quarterly Per Diem Add-on Amounts</b>												
21	Efficiency Add-on Per Diem ((Std - Awd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
22	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.30	\$2.30								
23	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.76	\$2.76								
24	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
25	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.32	\$5.59	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
26	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$188.85	\$97.51	\$0.00	\$17.46	\$18.59	\$0.00	\$40.41	\$4.60	\$9.27	\$1.01
27	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$128.81									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>NHC of Fort Oglethorpe</b>  Prvdr ID: <b>00344759A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 27.1%  Nurse Hours per On-Site Day/Quality Incentive: 3.08 </div> <div> Facility Score: N/A  Add-on Percent: 13.37%  1.0%  2.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.4032  Quarterly Medicaid CMI: 1.2883  Qtrly Mcaid CMI w RUG Wght Options: 1.3093 </div> <div> Facility Specific: 1.4032  1.2883  1.3093 </div> <div> State-wide: 1.3617  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,978,191	\$3,446,206	\$0	\$710,988	\$379,954	\$432,374	\$1,467,498	\$205,015	\$336,156	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$380,131)	(\$5,079)	\$0	\$10,065	(\$160)	(\$7,154)	(\$377,661)		\$2,726	(\$2,868)
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,598,060	\$3,441,127	\$0	\$721,053	\$379,794	\$425,220	\$1,089,837	\$205,015	\$338,882	(\$2,868)
8	Total Nursing Facility Days As Filed Days = 43,776	FY12 Audited C/R Days	43,776									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 44,860	FY 18 GL-PL Ins Rpt Days								44,860		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$150.61	\$78.61	\$0.00	\$16.47	\$18.39	(with L&H)	\$24.90	\$4.57	\$7.74	(\$0.07)
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4032								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.02								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$56.02	\$0.00	\$16.47	\$18.39		\$24.90	\$4.57	\$7.74	(\$0.07)
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$127.85	\$56.02	\$0.00	\$16.47	\$18.39		\$20.56	\$4.57	11.91 (FRV)	(\$0.07)
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14.90	\$7.49	\$0.00	\$2.20	\$2.46	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.75	\$63.51	\$0.00	\$18.67	\$20.85	\$0.00	\$23.31	\$4.57	\$11.91	(\$0.07)
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3093								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$83.15								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$162.39	\$83.15	\$0.00	\$18.67	\$20.85	\$0.00	\$23.31	\$4.57	\$11.91	(\$0.07)
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.83	\$0.83								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.66	\$1.66								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.75	\$3.02	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$183.14	\$86.17	\$0.00	\$18.89	\$21.26	\$0.00	\$40.41	\$4.57	\$11.91	(\$0.07)
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$124.53									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

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Provider: <b>Northeast Atlanta H &amp; R Ctr.</b>			<u>Add-on Data and Percentages</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00426214A</b>			Growth Allowance: <b>N/A</b>			<b>13.37%</b>	Base Period Overall CMI: <b>1.4802</b>			<b>1.3617</b>		
Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>			Qtrly BIMS score: <b>34.2%</b>			<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.6738</b>			<b>1.5382</b>		
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/20</b>			Nurse Hours per On-Site Day/Quality Incentive: <b>3.22</b>			<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.7063</b>			<b>1.5656</b>		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>  <b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i> <i>Peer Group Standards: Multiplier</i> <i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$10,237,012	\$4,454,255	\$0	\$908,056	\$453,799	\$518,995	\$1,877,635	\$400,810	\$1,623,462	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$312,135)	(\$10,196)	\$0	\$0	\$0	\$0	(\$301,939)		(\$113,774)	\$113,774
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$9,924,877	\$4,444,059	\$0	\$908,056	\$453,799	\$518,995	\$1,575,696	\$400,810	\$1,509,688	\$113,774
8	Total Nursing Facility Days As Filed Days = 52,637	FY12 Audited C/R Days	52,637									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 44,643	FY 18 GL-PL Ins Rpt Days								44,643		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$189.92	\$84.43	\$0.00	\$17.25	\$18.48	(with L&H)	\$29.94	\$8.98	\$28.68	\$2.16
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.4802</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.04								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$57.04	\$0.00	\$17.25	\$18.48		\$29.94	\$8.98	\$28.68	\$2.16
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$136.40	\$57.04	\$0.00	\$17.25	\$18.48		\$20.56	\$8.98	11.93 (FRV)	\$2.16
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Althnc %	\$15.16	\$7.63	\$0.00	\$2.31	\$2.47	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$151.56	\$64.67	\$0.00	\$19.56	\$20.95	\$0.00	\$23.31	\$8.98	\$11.93	\$2.16
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.7063</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.35								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$197.24	\$110.35	\$0.00	\$19.56	\$20.95	\$0.00	\$23.31	\$8.98	\$11.93	\$2.16
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.76	\$2.76								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.31	\$3.31								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.33	\$6.60	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$221.57	\$116.95	\$0.00	\$19.78	\$21.36	\$0.00	\$40.41	\$8.98	\$11.93	\$2.16
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$153.35									



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

**FINAL**

<div> <div> Provider: <b>Northridge Hlth &amp; Rehab Ctr</b>  Prvdr ID: <b>00059331A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score 29.9%  Nurse Hours per On-Site Day/Quality Incentive: 4.05 </div> <div> Facility Score  Add-on Percent  13.37%  1.0%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.3456  Quarterly Medicaid CMI: 1.4572  Qtrly Mcaid CMI w RUG Wght Options: 1.4813 </div> <div> Facility Specific  1.3456  1.4572  1.4813 </div> <div> State-wide  1.3617  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$9,213,088	\$4,037,489	\$0	\$966,434	\$429,444	\$709,794	\$2,535,769	\$170,418	\$363,740	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstnts	(\$759,019)	\$792,763	\$0	\$0	\$1,456	(\$29,226)	(\$1,556,120)		\$32,108	\$0
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,454,069	\$4,830,252	\$0	\$966,434	\$430,900	\$680,568	\$979,649	\$170,418	\$395,848	\$0
8	Total Nursing Facility Days As Filed Days = 56,193	FY12 Audited C/R Days	56,193									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 56,103	FY 18 GL-PL Ins Rpt Days								56,103		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$150.45	\$85.96	\$0.00	\$17.20	\$19.78	(with L&H)	\$17.43	\$3.04	\$7.04	\$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3456								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.88								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$63.88	\$0.00	\$17.20	\$19.78		\$17.43	\$3.04	\$7.04	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$131.34	\$63.88	\$0.00	\$17.20	\$19.78		\$17.43	\$3.04	10.01 (FRV)	\$0.00
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Alkwn %	\$15.81	\$8.54	\$0.00	\$2.30	\$2.64	\$0.00	\$2.33	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$147.15	\$72.42	\$0.00	\$19.50	\$22.42	\$0.00	\$19.76	\$3.04	\$10.01	\$0.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4813								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.28								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$182.01	\$107.28	\$0.00	\$19.50	\$22.42	\$0.00	\$19.76	\$3.04	\$10.01	\$0.00
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.07	\$1.07								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.22	\$3.22								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.92	\$4.82	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$204.93</b>	<b>\$112.10</b>	<b>\$0.00</b>	<b>\$19.72</b>	<b>\$22.83</b>	<b>\$0.00</b>	<b>\$37.23</b>	<b>\$3.04</b>	<b>\$10.01</b>	<b>\$0.00</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$140.87</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY13 Cost Report Data

FINAL

<div> <div> Provider: <b>Nursecare of Buckhead</b>  Prvdr ID: <b>00142183A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 30.0%  Nurse Hours per On-Site Day/Quality Incentive: 3.24 </div> <div> Facility Score: N/A  Add-on Percent: 13.37%  2.5%  2.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.3783  Quarterly Medicaid CMI: 1.5698  Qtrly Mcaid CMI w RUG Wght Options: 1.5981 </div> <div> Facility Specific: 1.3783  1.5698  1.5981 </div> <div> State-wide: 1.3699  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY13 C/R	\$13,144,626	\$5,635,643	\$0	\$1,184,644	\$550,569	\$930,038	\$2,185,041	\$276,362	\$2,382,329	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmnts	(\$228,212)	\$0	\$0	\$0	\$0	\$0	(\$228,212)		(\$250,820)	\$250,820
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$12,916,414	\$5,635,643	\$0	\$1,184,644	\$550,569	\$930,038	\$1,956,829	\$276,362	\$2,131,509	\$250,820
8	Total Nursing Facility Days As Filed Days = 77,604	FY13 Audited C/R Days	77,604									
8	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 76,020	FY 18 GL-PL Ins Rpt Days								76,020		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$166.53	\$72.62	\$0.00	\$15.27	\$19.08	(with L&H)	\$25.22	\$3.64	\$27.47	\$3.23
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		<u>1.3783</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.69								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$52.69	\$0.00	\$15.27	\$19.08		\$25.22	\$3.64	\$27.47	\$3.23
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.90	\$0.00	\$19.14	\$23.27		\$23.46	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.95	\$52.69	\$0.00	\$15.27	\$19.08		\$23.46	\$3.64	9.58 (FRV)	\$3.23
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.4%</u>	Ln 14 x Grwth Althnc %	\$14.77	\$7.04	\$0.00	\$2.04	\$2.55	\$0.00	\$3.14	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.72	\$59.73	\$0.00	\$17.31	\$21.63	\$0.00	\$26.60	\$3.64	\$9.58	\$3.23
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.5981</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.45								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.44	\$95.45	\$0.00	\$17.31	\$21.63	\$0.00	\$26.60	\$3.64	\$9.58	\$3.23
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem (Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.39	\$2.39								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.91	\$1.91								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.56	\$4.83	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$200.00</b>	<b>\$100.28</b>	<b>\$0.00</b>	<b>\$17.53</b>	<b>\$22.04</b>	<b>\$0.00</b>	<b>\$43.70</b>	<b>\$3.64</b>	<b>\$9.58</b>	<b>\$3.23</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$137.18</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Oak View Home - Waverly Hall</b>  Prvdr ID: <b>00142249A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: <b>N/A</b>  Qtrly BIMS score: <b>34.2%</b>  Nurse Hours per On-Site Day/Quality Incentive: <b>2.96</b> </div> <div> Facility Score: <b>N/A</b>  Add-on Percent: <b>13.37%</b>  2.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: <b>1.2630</b>  Quarterly Medicaid CMI: <b>1.3265</b>  Qtrly Mcaid CMI w RUG Wght Options: <b>1.3494</b> </div> <div> Facility Specific: <b>1.2630</b>  State-wide: <b>1.3617</b>  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,469,447	\$2,585,315	\$0	\$489,991	\$288,139	\$286,096	\$568,338	\$96,019	\$155,549	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$40,534)	(\$18,225)	\$0	\$0	\$0	\$0	(\$22,309)		(\$16,476)	\$16,476
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,428,913	\$2,567,090	\$0	\$489,991	\$288,139	\$286,096	\$546,029	\$96,019	\$139,073	\$16,476
8	Total Nursing Facility Days As Filed Days = 34,419	FY12 Audited C/R Days	34,419									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,806	FY 18 GL-PL Ins Rpt Days								35,806		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$128.56	\$74.58	\$0.00	\$14.24	\$16.68	(with L&H)	\$15.86	\$2.68	\$4.04	\$0.48
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2630								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.05								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$59.05	\$0.00	\$14.24	\$16.68		\$15.86	\$2.68	\$4.04	\$0.48
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$117.28	\$59.05	\$0.00	\$14.24	\$16.68		\$15.86	\$2.68	8.29 (FRV)	\$0.48
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allownc %	\$14.14	\$7.89	\$0.00	\$1.90	\$2.23	\$0.00	\$2.12	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$131.42	\$66.94	\$0.00	\$16.14	\$18.91	\$0.00	\$17.98	\$2.68	\$8.29	\$0.48
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3494								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.33								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$154.81	\$90.33	\$0.00	\$16.14	\$18.91	\$0.00	\$17.98	\$2.68	\$8.29	\$0.48
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Sind - Awd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.26	\$2.26								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.71	\$2.71								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.60	\$5.50	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$178.41</b>	<b>\$95.83</b>	<b>\$0.00</b>	<b>\$16.36</b>	<b>\$19.32</b>	<b>\$0.00</b>	<b>\$35.45</b>	<b>\$2.68</b>	<b>\$8.29</b>	<b>\$0.48</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$120.98</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

Provider: <b>Oakview Health &amp; Rehab Center</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00142238A</b>				Growth Allowance:		N/A	13.37%	Base Period Overall CMI:			1.2538	1.3617
Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>				Qtrly BIMS score		28.7%	1.0%	Quarterly Medicaid CMI:			1.4786	1.5382
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/20</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.21	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5031	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,465,862	\$4,035,413	\$0	\$774,649	\$486,582	\$548,811	\$903,417	\$144,260	\$572,730	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$49,401)	(\$89,269)	\$0	\$0	(\$2,153)	(\$2,429)	\$46,882		(\$25,366)	\$22,934
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,416,461	\$3,946,144	\$0	\$774,649	\$484,429	\$546,382	\$950,299	\$144,260	\$547,364	\$22,934
8	Total Nursing Facility Days As Filed Days = 51,873	FY12 Audited C/R Days	51,873									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 52,667	FY 18 GL-PL Ins Rpt Days								52,667		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$142.92	\$76.07	\$0.00	\$14.93	\$19.87	(with L&H)	\$18.32	\$2.74	\$10.55	\$0.44
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.2538</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.67								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$60.67	\$0.00	\$14.93	\$19.87		\$18.32	\$2.74	\$10.55	\$0.44
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$132.55	\$60.67	\$0.00	\$14.93	\$19.87		\$18.32	\$2.74	15.58 (FRV)	\$0.44
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$15.22	\$8.11	\$0.00	\$2.00	\$2.66	\$0.00	\$2.45	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$147.77	\$68.78	\$0.00	\$16.93	\$22.53	\$0.00	\$20.77	\$2.74	\$15.58	\$0.44
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.5031</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.38								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$182.37	\$103.38	\$0.00	\$16.93	\$22.53	\$0.00	\$20.77	\$2.74	\$15.58	\$0.44
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem (IStd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.03	\$1.03								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$3.10	\$3.10								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.76	\$4.66	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$205.13	\$108.04	\$0.00	\$17.15	\$22.94	\$0.00	\$38.24	\$2.74	\$15.58	\$0.44
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$141.02									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Oceanside Health & Rehab - Tybee			Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 003188970A			Growth Allowance:			N/A	13.37%	Base Period Overall CMI:			Use Stwd	1.3617
H/B ?: No			Case Mix Per Diem Rate Effective Date: 04/01/21			BIMS: 27.1%	1.0%	Quarterly Medicaid CMI:			1.6591	1.5438
MDS & Nurse Hrs Data per Quarter Ending: 12/31/20			Nurse Hours per On-Site Day/Quality Incentive:			3.00	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6904	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
Cost Center Peer Groups per Selected Options												
Type of Facility within Peer Group												
Bed Size Range within Peer Group												
Peer Group Standards & Efficiency Measure Limits												
Peer Group Standards: Percentile												
Peer Group Standards: Multiplier												
Efficiency Measures (Maximums)												
Per Diem Costs and Add-ons												
GL-PL- Insurance Costs												
Total Nursing Facility Days GL-PL Ins. Rpt												
Standard Per Diem (After CMA for Routine Svcs)												
Allowed @ 95% of Std												
Growth Allowance 13.4%												
CMA Allowed Per Diem (After Growth Allowance)												
Quarterly Facility Case Mix Index for Medicaid Residents												
Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem												
Quarterly Medicaid CMA Allowed Per Diem												
Quarterly Per Diem Add-On Amounts												
BIMS Add-on Per Diem = 1.0% (to Routine Svcs)												
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%												
Nursing Home Provider Fee												
Total Quarterly Per Diem Add-On Amounts												
Quarterly Case Mix Based Per Diem Rate												
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%												

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

**FINAL**

<div> <div> Provider: <b>Oceanside Nursing &amp; Rehab Center</b>  Prvdr ID: <b>00142282A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: <b>N/A</b>  Qtrly BIMS score: <b>#N/A</b>  Nurse Hours per On-Site Day/Quality Incentive: <b>no data</b> </div> <div> Facility Score: <b>N/A</b>  Add-on Percent: <b>13.37%</b>  #N/A  0.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: <b>1.3644</b>  Quarterly Medicaid CMI: <b>1.3617</b>  Qtrly Mcaid CMI w RUG Wght Options: <b>1.5382</b>  <b>1.5656</b> </div> <div> Facility Specific: <b>1.3644</b>  Stwde: <b>1.5382</b>  Stwde: <b>1.5656</b> </div> <div> State-wide: <b>1.3617</b>  <b>1.5382</b>  <b>1.5656</b> </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operalns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
3	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		<i>90.0%</i>	<i>90.0%</i>	<i>90.0%</i>	<i>85.0%</i>		<i>50.0%</i>			
4	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		<i>100.0%</i>	<i>100.0%</i>	<i>100.0%</i>	<i>100.0%</i>		<i>105.0%</i>			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		<i>\$0.53</i>	<i>\$0.00</i>	<i>\$0.22</i>	<i>\$0.41</i>		<i>\$0.37</i>			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	#N/A	\$1,706,036	\$0	\$441,724	\$212,682	\$201,989	\$819,019	#N/A	\$528,484	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$973,505)	(\$332,790)	\$0	(\$164,848)	\$9,693	(\$8,784)	(\$531,002)		\$7,534	\$46,692
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	#N/A	\$1,373,246	\$0	\$276,876	\$222,375	\$193,205	\$288,017	#N/A	\$536,018	\$46,692
8	Total Nursing Facility Days As Filed Days = 18,758	FY12 Audited C/R Days	18,650									
8	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = #N/A	FY 18 GL-PL Ins Rpt Days								#N/A		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$157.44	\$73.63	\$0.00	\$14.85	\$22.28	(with L&H)	\$15.44	\$0.00	\$28.74	\$2.50
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<b>1.3644</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.97								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$53.97	\$0.00	\$14.85	\$22.28		\$15.44	\$0.00	\$28.74	\$2.50
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$118.23	\$53.97	\$0.00	\$14.85	\$22.28		\$15.44	\$0.00	9.19 (FRV)	\$2.50
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$14.25	\$7.22	\$0.00	\$1.99	\$2.98	\$0.00	\$2.06	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$132.48	\$61.19	\$0.00	\$16.84	\$25.26	\$0.00	\$17.50	\$0.00	\$9.19	\$2.50
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.5656</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.80								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$167.09	\$95.80	\$0.00	\$16.84	\$25.26	\$0.00	\$17.50	\$0.00	\$9.19	\$2.50
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem (IStd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>#N/A</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>0.0%</u> (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$0.00	\$0.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$18.63	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$185.72</b>	<b>\$96.33</b>	<b>\$0.00</b>	<b>\$17.06</b>	<b>\$25.67</b>	<b>\$0.00</b>	<b>\$34.97</b>	<b>\$0.00</b>	<b>\$9.19</b>	<b>\$2.50</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$126.47</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

Provider: <b>Oconee Health &amp; Rehab</b>				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00142293A</b>				Growth Allowance:		N/A	13.37%	Base Period Overall CMI:			1.1620	1.3617
Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>				Qtrly BIMS score		17.9%	0.0%	Quarterly Medicaid CMI:			1.3314	1.5382
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/20</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.10	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3532	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,430,942	\$1,169,546	\$0	\$286,116	\$161,467	\$218,516	\$341,229	\$47,879	\$206,189	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$8,617)	\$0	\$0	\$0	\$0	\$0	(\$8,617)		(\$8,381)	\$8,381
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,422,325	\$1,169,546	\$0	\$286,116	\$161,467	\$218,516	\$332,612	\$47,879	\$197,808	\$8,381
8	Total Nursing Facility Days As Filed Days = 14,885	FY12 Audited C/R Days	14,885									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,204	FY 18 GL-PL Ins Rpt Days								17,204		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$162.30	\$78.57	\$0.00	\$19.22	\$25.53	(with L&H)	\$22.35	\$2.78	\$13.29	\$0.56
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.1620								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.61								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$67.61	\$0.00	\$19.22	\$25.53		\$22.35	\$2.78	\$13.29	\$0.56
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$142.86	\$67.61	\$0.00	\$18.41	\$23.09		\$20.56	\$2.78	9.85 (FRV)	\$0.56
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$17.34	\$9.04	\$0.00	\$2.46	\$3.09	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$160.20	\$76.65	\$0.00	\$20.87	\$26.18	\$0.00	\$23.31	\$2.78	\$9.85	\$0.56
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.3532								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.72								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.27	\$103.72	\$0.00	\$20.87	\$26.18	\$0.00	\$23.31	\$2.78	\$9.85	\$0.56
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.11	\$3.11								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.74	\$3.64	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$208.01	\$107.36	\$0.00	\$20.87	\$26.18	\$0.00	\$40.41	\$2.78	\$9.85	\$0.56
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$143.18									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

**FINAL**

Provider: <b>Oconee Regional SNF</b> Prvdr ID: <b>00947658A</b>				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/20</b>				Growth Allowance: <b>N/A</b> Qtrly BIMS score: <b>0.0%</b> Nurse Hours per On-Site Day/Quality Incentive: <b>6.65</b>		<b>N/A</b>	<b>13.37%</b> <b>0.0%</b>	Base Period Overall CMI: <b>2.1590</b> Quarterly Medicaid CMI: <b>1.5382</b> Qtrly Mcaid CMI w RUG Wght Options: <b>1.5656</b>			<b>2.1590</b> <b>1.5382</b> <b>1.5656</b>	<b>1.3617</b> <b>1.5382</b> <b>1.5656</b>
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group  <b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> Hosp Based All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,812,723	\$765,901	\$0	\$176,858	\$67,047	\$204,465	\$1,273,331	\$20,101	\$305,020	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$26,025)	\$0	\$0	\$0	\$0	\$0	(\$26,025)		(\$3,258)	\$3,258
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,786,698	\$765,901	\$0	\$176,858	\$67,047	\$204,465	\$1,247,306	\$20,101	\$301,762	\$3,258
8	Total Nursing Facility Days As Filed Days = 3,356	FY12 Audited C/R Days	3,356									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 2,003	FY 18 GL-PL Ins Rpt Days								2,003		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$834.41	\$228.22	\$0.00	\$52.70	\$80.90	(with L&H)	\$371.66	\$10.04	\$89.92	\$0.97
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		2.1590								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$105.71								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$105.71	\$0.00	\$52.70	\$80.90		\$371.66	\$10.04	\$89.92	\$0.97
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$176.93	\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$10.04	21.61 (FRV)	\$0.97
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$19.30	\$9.56	\$0.00	\$3.90	\$3.09	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$196.23	\$81.07	\$0.00	\$33.05	\$26.18	\$0.00	\$23.31	\$10.04	\$21.61	\$0.97
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5656								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$126.92								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$242.08	\$126.92	\$0.00	\$33.05	\$26.18	\$0.00	\$23.31	\$10.04	\$21.61	\$0.97
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 0.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$0.00	\$0.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$259.18	\$126.92	\$0.00	\$33.05	\$26.18	\$0.00	\$40.41	\$10.04	\$21.61	\$0.97
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$181.56									



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Orchard Health and Rehab</b>  Prvdr ID: <b>00142656A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score 47.7%  Nurse Hours per On-Site Day/Quality Incentive: 3.21 </div> <div> Facility Score  Add-on Percent  13.37%  5.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 0.9752  Quarterly Medicaid CMI: 1.3719  Qtrly Mcaid CMI w RUG Wght Options: 1.3940 </div> <div> Facility Specific  State-wide  0.9752  1.3617  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,470,207	\$1,889,571	\$0	\$410,260	\$203,048	\$216,850	\$506,974	\$100,590	\$142,914	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$43,088)	(\$3,895)	\$0	\$0	\$0	\$0	(\$39,193)		(\$13,502)	\$13,502
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,427,119	\$1,885,676	\$0	\$410,260	\$203,048	\$216,850	\$467,781	\$100,590	\$129,412	\$13,502
8	Total Nursing Facility Days As Filed Days = 29,547	FY12 Audited C/R Days	29,547									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,624	FY 18 GL-PL Ins Rpt Days								29,624		
10	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$115.98	\$63.82	\$0.00	\$13.88	\$14.21	(with L&H)	\$15.83	\$3.40	\$4.38	\$0.46
11	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		0.9752								
12	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.44								
13	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$65.44	\$0.00	\$13.88	\$14.21		\$15.83	\$3.40	\$4.38	\$0.46
14	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
15	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$120.71	\$65.44	\$0.00	\$13.88	\$14.21		\$15.83	\$3.40	7.49 (FRV)	\$0.46
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
16	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allownc %	\$14.63	\$8.75	\$0.00	\$1.86	\$1.90	\$0.00	\$2.12	N/A	N/A	N/A
17	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$135.34	\$74.19	\$0.00	\$15.74	\$16.11	\$0.00	\$17.95	\$3.40	\$7.49	\$0.46
18	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3940								
19	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.42								
20	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$164.57	\$103.42	\$0.00	\$15.74	\$16.11	\$0.00	\$17.95	\$3.40	\$7.49	\$0.46
<b>Quarterly Per Diem Add-on Amounts</b>												
21	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
22	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.69	\$5.69								
23	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$3.10	\$3.10								
24	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
25	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.42	\$9.32	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
26	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$191.99	\$112.74	\$0.00	\$15.96	\$16.52	\$0.00	\$35.42	\$3.40	\$7.49	\$0.46
27	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$131.17									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Orchard View Rehab & Skilled NC Prvdr ID: 00142117A H/B ? : No			Add-on Data and Percentages Growth Allowance: N/A BIMS: 50.9% Nurse Hours per On-Site Day/Quality Incentive: 5.24			Facility Score N/A 5.0%	Add-on Percent 13.37% 5.5% 3.0%	Case Mix Index (CMI) Data Base Period Overall CMI: 1.2690 Quarterly Medicaid CMI: 1.4306 Qrtly Mcaid CMI w RUG Wght Options: 1.4564			Facility Specific 1.2690 1.4306 1.4564	State-wide 1.3617 1.5438 1.5713
Case Mix Per Diem Rate Effective Date: 04/01/21 MDS & Nurse Hrs Data per Quarter Ending: 12/31/20												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								\$ 162,156		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								65,190		
	Standard Per Diem (After CMA for Routine Svcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$38.01	\$0.00
	Allowed @ 95% of Std		\$164.90	\$67.93		\$17.49	\$21.94		\$19.53		\$38.01	\$0.00
	Growth Allowance 13.4%		\$16.97	\$9.08		\$2.34	\$2.93		\$2.61			
	CMA Allowed Per Diem (After Growth Allowance)		\$184.36	\$77.01		\$19.83	\$24.87		\$22.14	\$ 2.49	\$38.01	\$0.00
	Quarterly Facility Case Mix Index for Medicaid Residents			1.4564							(FRV Rate)	
	Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$112.16								
	Quarterly Medicaid CMA Allowed Per Diem		\$219.50	\$112.16		\$19.83	\$24.87		\$22.14	\$2.49	\$38.01	\$0.00
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)		\$6.17	\$6.17								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$3.36	\$3.36								
	Nursing Home Provider Fee		\$0.00						0.00			
	Total Quarterly Per Diem Add-On Amounts		\$9.53									
	Quarterly Case Mix Based Per Diem Rate		\$229.04	\$121.69		\$19.83	\$24.87		\$22.14	\$2.49	\$38.01	\$0.00
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$171.78										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Oxley Park Health &amp; Rehab</b>  Prvdr ID: <b>00143316A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score 14.1%  Nurse Hours per On-Site Day/Quality Incentive: 2.97 </div> <div> Add-on Percent  13.37%  0.0%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.3255  Quarterly Medicaid CMI: 1.2201  Qtrly Mcaid CMI w RUG Wght Options: 1.2393 </div> <div> Facility Specific  1.3255  1.2201  1.2393 </div> <div> State-wide  1.3617  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,249,016	\$3,266,179	\$0	\$600,921	\$330,445	\$337,112	\$853,990	\$99,288	\$761,081	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$23,529)	\$0	\$0	\$0	\$0	\$0	(\$23,529)		(\$38,077)	\$38,077
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,225,487	\$3,266,179	\$0	\$600,921	\$330,445	\$337,112	\$830,461	\$99,288	\$723,004	\$38,077
8	Total Nursing Facility Days As Filed Days = 42,231	FY12 Audited C/R Days	42,231									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,348	FY 18 GL-PL Ins Rpt Days								36,348		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$147.79	\$77.34	\$0.00	\$14.23	\$15.81	(with L&H)	\$19.66	\$2.73	\$17.12	\$0.90
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.3255</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.35								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$58.35	\$0.00	\$14.23	\$15.81		\$19.66	\$2.73	\$17.12	\$0.90
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$128.28	\$58.35	\$0.00	\$14.23	\$15.81		\$19.66	\$2.73	16.60 (FRV)	\$0.90
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$14.44	\$7.80	\$0.00	\$1.90	\$2.11	\$0.00	\$2.63	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.72	\$66.15	\$0.00	\$16.13	\$17.92	\$0.00	\$22.29	\$2.73	\$16.60	\$0.90
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qlr End		<u>1.2393</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$81.98								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$158.55	\$81.98	\$0.00	\$16.13	\$17.92	\$0.00	\$22.29	\$2.73	\$16.60	\$0.90
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem: <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$2.46	\$2.46								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.09	\$2.99	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$179.64</b>	<b>\$84.97</b>	<b>\$0.00</b>	<b>\$16.35</b>	<b>\$18.33</b>	<b>\$0.00</b>	<b>\$39.76</b>	<b>\$2.73</b>	<b>\$16.60</b>	<b>\$0.90</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$121.91</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

Provider: <b>Palemon Gaskins Nursing Home</b>				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: <b>00142326A</b>				Growth Allowance: N/A		N/A	13.37%	Base Period Overall CMI: 1.2317				1.2317	1.3617
Case Mix Per Diem Rate Effective Date: 4/1/2021				Qtrly BIMS score 52.9%		52.9%	5.5%	Quarterly Medicaid CMI: 1.0151				1.0151	1.5382
MDS & Nurse Hrs Data per Quarter Ending: 12/31/20				Nurse Hours per On-Site Day/Quality Incentive: 4.92		4.92	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.0268				1.0268	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group  <b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$1,944,881	\$892,655	\$0	\$391,990	\$129,464	\$196,552	\$216,971	\$39,793	\$77,456	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$11,393)	(\$787)	\$0	\$0	\$145	(\$7,449)	(\$3,302)		(\$1,189)	\$1,189	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$1,933,488	\$891,868	\$0	\$391,990	\$129,609	\$189,103	\$213,669	\$39,793	\$76,267	\$1,189	
8	Total Nursing Facility Days As Filed Days = 10,670	FY12 Audited C/R Days	10,670										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 10,104	FY 18 GL-PL Ins Rpt Days								10,104			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$181.43	\$83.59	\$0.00	\$36.74	\$29.87	(with L&H)	\$20.03	\$3.94	\$7.15	\$0.11	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2317									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.87									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$67.87	\$0.00	\$36.74	\$29.87		\$20.03	\$3.94	\$7.15	\$0.11	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$156.04	\$67.87	\$0.00	\$29.15	\$23.09		\$20.03	\$3.94	11.85 (FRV)	\$0.11	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$18.74	\$9.07	\$0.00	\$3.90	\$3.09	\$0.00	\$2.68	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$174.78	\$76.94	\$0.00	\$33.05	\$26.18	\$0.00	\$22.71	\$3.94	\$11.85	\$0.11	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.0268									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$79.00									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$176.84	\$79.00	\$0.00	\$33.05	\$26.18	\$0.00	\$22.71	\$3.94	\$11.85	\$0.11	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.90	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.35	\$4.35									
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.37	\$2.37									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.72	\$7.25	\$0.00	\$0.00	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$201.56	\$86.25	\$0.00	\$33.05	\$26.18	\$0.00	\$40.18	\$3.94	\$11.85	\$0.11	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$138.35										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Park Place Nursing Facility</b>  Prvdr ID: <b>00002164A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: <b>N/A</b>  Qtrly BIMS score: <b>38.5%</b>  Nurse Hours per On-Site Day/Quality Incentive: <b>3.07</b> </div> <div> Facility Score: <b>N/A</b>  Add-on Percent: <b>13.37%</b>  2.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: <b>1.2699</b>  Quarterly Medicaid CMI: <b>1.3193</b>  Qtrly Mcaid CMI w RUG Wght Options: <b>1.3410</b> </div> <div> Facility Specific: <b>1.2699</b>  State-wide: <b>1.3617</b>  <b>1.5382</b>  <b>1.5656</b> </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,751,354	\$4,322,740	\$0	\$858,886	\$423,220	\$448,248	\$807,710	\$347,845	\$542,705	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$582,209)	(\$98,808)	\$0	\$6,084	\$8,854	(\$4,868)	(\$207,568)		(\$363,773)	\$77,870
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,169,145	\$4,223,932	\$0	\$864,970	\$432,074	\$443,380	\$600,142	\$347,845	\$178,932	\$77,870
8	Total Nursing Facility Days As Filed Days = 57,271	FY12 Audited C/R Days	57,271									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 58,793	FY 18 GL-PL Ins Rpt Days								58,793		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$125.02	\$73.75	\$0.00	\$15.10	\$15.29	(with L&H)	\$10.48	\$5.92	\$3.12	\$1.36
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2699								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.07								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$58.07	\$0.00	\$15.10	\$15.29		\$10.48	\$5.92	\$3.12	\$1.36
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$120.25	\$58.07	\$0.00	\$15.10	\$15.29		\$10.48	\$5.92	14.03 (FRV)	\$1.36
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$13.22	\$7.76	\$0.00	\$2.02	\$2.04	\$0.00	\$1.40	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$133.47	\$65.83	\$0.00	\$17.12	\$17.33	\$0.00	\$11.88	\$5.92	\$14.03	\$1.36
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qlr End		1.3410								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.28								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$155.92	\$88.28	\$0.00	\$17.12	\$17.33	\$0.00	\$11.88	\$5.92	\$14.03	\$1.36
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Atwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.21	\$2.21								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.65	\$2.65								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.49	\$5.39	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$179.41</b>	<b>\$93.67</b>	<b>\$0.00</b>	<b>\$17.34</b>	<b>\$17.74</b>	<b>\$0.00</b>	<b>\$29.35</b>	<b>\$5.92</b>	<b>\$14.03</b>	<b>\$1.36</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$121.73</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Parkside Ellijay</b>  Prvdr ID: <b>00141127A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: <b>N/A</b>  Qtrly BIMS score: <b>42.4%</b>  Nurse Hours per On-Site Day/Quality Incentive: <b>3.33</b> </div> <div> Facility Score: <b>N/A</b>  Add-on Percent: <b>13.37%</b>  2.5%  2.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: <b>1.3029</b>  Quarterly Medicaid CMI: <b>1.9949</b>  Qtrly Mcaid CMI w RUG Wght Options: <b>2.0349</b> </div> <div> Facility Specific: <b>1.3029</b>  1.9949  2.0349 </div> <div> State-wide: <b>1.3617</b>  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> Hosp Based All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R - FY 2018 GL-PL Rpt	\$6,106,944	\$2,649,172	\$0	\$833,481	\$325,598	\$571,475	\$1,067,657	\$17,410	\$642,151	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$62,077)	(\$129,666)	\$0	\$3,725	(\$1,710)	\$12,083	\$58,749		(\$57,355)	\$52,097
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,044,867	\$2,519,506	\$0	\$837,206	\$323,888	\$583,558	\$1,126,406	\$17,410	\$584,796	\$52,097
8	Total Nursing Facility Days	As Filed Days = 35,922										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 29,355										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	FY12 Audited C/R Days	35,922									
		FY 18 GL-PL Ins Rpt Days								29,355		
10	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$169.92	\$70.14	\$0.00	\$23.31	\$25.26	(with L&H)	\$31.36	\$2.12	\$16.28	\$1.45
	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<b>1.3029</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.83								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$53.83	\$0.00	\$23.31	\$25.26		\$31.36	\$2.12	\$16.28	\$1.45
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$133.96	\$53.83	\$0.00	\$23.31	\$23.09		\$20.56	\$2.12	9.60 (FRV)	\$1.45
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <b>13.37%</b>	Ln 14 x Grwth Alhnc %	\$16.16	\$7.20	\$0.00	\$3.12	\$3.09	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$150.12	\$61.03	\$0.00	\$26.43	\$26.18	\$0.00	\$23.31	\$2.12	\$9.60	\$1.45
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>2.0349</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$124.19								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$213.28	\$124.19	\$0.00	\$26.43	\$26.18	\$0.00	\$23.31	\$2.12	\$9.60	\$1.45
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((SInd - Ahdw) x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <b>2.5%</b> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.10	\$3.10								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <b>2.0%</b> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.48	\$2.48								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.43	\$6.11	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$236.71</b>	<b>\$130.30</b>	<b>\$0.00</b>	<b>\$26.65</b>	<b>\$26.18</b>	<b>\$0.00</b>	<b>\$40.41</b>	<b>\$2.12</b>	<b>\$9.60</b>	<b>\$1.45</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$164.71</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

**FINAL**

Provider: <b>Parkside Post Acute Care and Rehab</b>				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00169199A</b>				Growth Allowance: N/A		42.1%	13.37%	Base Period Overall CMI: 1.3690			1.3617	
Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>				Qtrly BIMS score		2.5%		Quarterly Medicaid CMI: 1.6433			1.5382	
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/20</b>				Nurse Hours per On-Site Day/Quality Incentive: 3.51		3.0%		Qtrly Mcaid CMI w RUG Wght Options: 1.6714			1.5656	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$9,561,164	\$4,548,816	\$0	\$1,020,738	\$613,465	\$507,283	\$2,025,599	\$20,313	\$824,950	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$289,144)	(\$2,722)	\$0	\$0	\$2,545	\$2,104	(\$294,492)		(\$107,490)	\$110,911
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$9,272,020	\$4,546,094	\$0	\$1,020,738	\$616,010	\$509,387	\$1,731,107	\$20,313	\$717,460	\$110,911
8	Total Nursing Facility Days As Filed Days = 56,904	FY12 Audited C/R Days	56,904									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 55,592	FY 18 GL-PL Ins Rpt Days								55,592		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$162.96	\$79.89	\$0.00	\$17.94	\$19.78	(with L&H)	\$30.42	\$0.37	\$12.61	\$1.95
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3690								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.36								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$58.36	\$0.00	\$17.94	\$19.78		\$30.42	\$0.37	\$12.61	\$1.95
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$129.05	\$58.36	\$0.00	\$17.94	\$19.78		\$20.56	\$0.37	10.09 (FRV)	\$1.95
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$15.59	\$7.80	\$0.00	\$2.40	\$2.64	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$144.64	\$66.16	\$0.00	\$20.34	\$22.42	\$0.00	\$23.31	\$0.37	\$10.09	\$1.95
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6714								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.58								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$189.06	\$110.58	\$0.00	\$20.34	\$22.42	\$0.00	\$23.31	\$0.37	\$10.09	\$1.95
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.76	\$2.76								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.32	\$3.32								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.34	\$6.61	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$213.40	\$117.19	\$0.00	\$20.56	\$22.83	\$0.00	\$40.41	\$0.37	\$10.09	\$1.95
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$147.23									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Pelham Parkway Nursing Home</b>  Prvdr ID: <b>00142425A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: <b>N/A</b>  Qtrly BIMS score: <b>32.5%</b>  Nurse Hours per On-Site Day/Quality Incentive: <b>4.20</b> </div> <div> Facility Score: <b>N/A</b>  Add-on Percent: <b>13.37%</b>  2.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: <b>1.4543</b>  Quarterly Medicaid CMI: <b>1.2289</b>  Qtrly Mcaid CMI w RUG Wght Options: <b>1.2472</b> </div> <div> Facility Specific: <b>1.4543</b>  1.2289  1.2472 </div> <div> State-wide: <b>1.3617</b>  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,171,260	\$2,682,660	\$0	\$1,010,340	\$566,067	\$652,616	\$989,937	\$19,888	\$249,752	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstnts	(\$23,396)	\$0	\$0	\$0	(\$2,745)	(\$3,165)	(\$16,351)		(\$16,324)	\$15,189
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,147,864	\$2,682,660	\$0	\$1,010,340	\$563,322	\$649,451	\$973,586	\$19,888	\$233,428	\$15,189
8	Total Nursing Facility Days As Filed Days = 38,915	FY12 Audited C/R Days	38,915									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 37,881	FY 18 GL-PL Ins Rpt Days								37,881		
10	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$158.00	\$68.94	\$0.00	\$25.96	\$31.16	(with L&H)	\$25.02	\$0.53	\$6.00	\$0.39
11	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4543								
12	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.41								
13	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$47.41	\$0.00	\$25.96	\$31.16		\$25.02	\$0.53	\$6.00	\$0.39
14	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
15	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$129.92	\$47.41	\$0.00	\$25.96	\$23.09		\$20.56	\$0.53	11.98 (FRV)	\$0.39
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
16	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Alhwc %	\$15.65	\$6.34	\$0.00	\$3.47	\$3.09	\$0.00	\$2.75	N/A	N/A	N/A
17	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$145.57	\$53.75	\$0.00	\$29.43	\$26.18	\$0.00	\$23.31	\$0.53	\$11.98	\$0.39
18	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2472								
19	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$67.04								
20	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$158.86	\$67.04	\$0.00	\$29.43	\$26.18	\$0.00	\$23.31	\$0.53	\$11.98	\$0.39
<b>Quarterly Per Diem Add-on Amounts</b>												
21	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
22	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.68	\$1.68								
23	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$2.01	\$2.01								
24	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
25	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.54	\$4.22	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
26	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$180.40	\$71.26	\$0.00	\$29.65	\$26.18	\$0.00	\$40.41	\$0.53	\$11.98	\$0.39
27	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$122.48									



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY14 Cost Report Data

FINAL

Provider: Pine Knoll Nursing and Rehab Center				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00142458A				Growth Allowance: N/A		28.2%	13.37%	Base Period Overall CMI: 1.4918				1.4014	
Case Mix Per Diem Rate Effective Date: 4/1/2021				Qtrly BIMS score		1.0%		Quarterly Medicaid CMI: 1.6041				1.5382	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/20				Nurse Hours per On-Site Day/Quality Incentive: 3.20		2.0%		Qtrly Mcaid CMI w RUG Wght Options: 1.6330				1.5656	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g		h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
Peer Group Standards & Efficiency Measure Limits													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY 14 C/R - FY 18 GL-PL Rpt	\$3,033,430	\$1,643,752	\$0	\$263,493	\$137,206	\$122,047	\$529,205	\$10,987	\$326,740	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY14 C/R Audit Adjstmts	\$11,806	(\$1,979)	\$0	\$0	(\$703)	\$71	\$16,036		(\$12,308)	\$10,689	
7	Cost Center Costs After Audit Adjustments	FY14 Audited C/R	\$3,045,236	\$1,641,773	\$0	\$263,493	\$136,503	\$122,118	\$545,241	\$10,987	\$314,432	\$10,689	
8	Total Nursing Facility Days As Filed Days = 18,890	FY14 Audited C/R Days	18,890										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,777	FY 18 GL-PL Ins Rpt Days								39,777			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$160.91	\$86.91	\$0.00	\$13.95	\$13.69	(with L&H)	\$28.86	\$0.28	\$16.65	\$0.57	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.4918									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.26									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$58.26	\$0.00	\$13.95	\$13.69		\$28.86	\$0.28	\$16.65	\$0.57	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.31	\$0.00	\$19.52	\$23.55		\$24.02	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$118.59	\$58.26	\$0.00	\$13.95	\$13.69		\$24.02	\$0.28	7.82 (FRV)	\$0.57	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Althnc %	\$14.70	\$7.79	\$0.00	\$1.87	\$1.83	\$0.00	\$3.21	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$133.29	\$66.05	\$0.00	\$15.82	\$15.52	\$0.00	\$27.23	\$0.28	\$7.82	\$0.57	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6330									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.86									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$175.10	\$107.86	\$0.00	\$15.82	\$15.52	\$0.00	\$27.23	\$0.28	\$7.82	\$0.57	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((SInd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.08	\$1.08									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.16	\$2.16									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.50	\$3.77	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$196.60	\$111.63	\$0.00	\$16.04	\$15.93	\$0.00	\$44.33	\$0.28	\$7.82	\$0.57	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$134.63										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Pinehill Nursing Center</b>  Prvdr ID: <b>00083135A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 37.1%  Nurse Hours per On-Site Day/Quality Incentive: 2.88 </div> <div> Facility Score: N/A  Add-on Percent: 13.37%  2.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.0657  Quarterly Medicaid CMI: 1.4532  Qtrly Mcaid CMI w RUG Wght Options: 1.4778 </div> <div> Facility Specific: 1.0657  1.4532  1.4778 </div> <div> State-wide: 1.3617  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,432,258	\$1,228,619	\$0	\$257,152	\$119,501	\$215,874	\$313,657	\$39,808	\$257,647	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$265,533)	(\$4,760)	\$0	(\$3,865)	(\$203)	(\$1,902)	(\$31,014)		(\$241,103)	\$17,314
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,166,725	\$1,223,859	\$0	\$253,287	\$119,298	\$213,972	\$282,643	\$39,808	\$16,544	\$17,314
8	Total Nursing Facility Days As Filed Days = 17,835	FY12 Audited C/R Days	17,835									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,209	FY 18 GL-PL Ins Rpt Days								28,209		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$120.67	\$68.62	\$0.00	\$14.20	\$18.69	(with L&H)	\$15.85	\$1.41	\$0.93	\$0.97
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.0657								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.39								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllQthr = Ln 9		\$64.39	\$0.00	\$14.20	\$18.69		\$15.85	\$1.41	\$0.93	\$0.97
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$124.33	\$64.39	\$0.00	\$14.20	\$18.69		\$15.85	\$1.41	8.82 (FRV)	\$0.97
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$15.13	\$8.61	\$0.00	\$1.90	\$2.50	\$0.00	\$2.12	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$139.46	\$73.00	\$0.00	\$16.10	\$21.19	\$0.00	\$17.97	\$1.41	\$8.82	\$0.97
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4778								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.88								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllQthr = Ln 16	\$174.34	\$107.88	\$0.00	\$16.10	\$21.19	\$0.00	\$17.97	\$1.41	\$8.82	\$0.97
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((SInd - AInd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.70	\$2.70								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$3.24	\$3.24								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.57	\$6.47	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$198.91</b>	<b>\$114.35</b>	<b>\$0.00</b>	<b>\$16.32</b>	<b>\$21.60</b>	<b>\$0.00</b>	<b>\$35.44</b>	<b>\$1.41</b>	<b>\$8.82</b>	<b>\$0.97</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$136.36</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY13 Cost Report Data

FINAL

<div> <div> Provider: <b>Pinewood Nursing Ctr</b>  Prvdr ID: <b>00142205A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 35.7%  Nurse Hours per On-Site Day/Quality Incentive: 3.45 </div> <div> Add-on Percent: 13.37%  2.5%  2.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.1182  Quarterly Medicaid CMI: 1.5268  Qtrly Mcaid CMI w RUG Wght Options: 1.5555 </div> <div> Facility Specific: 1.1182  1.5268  1.5555 </div> <div> State-wide: 1.3699  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group Bed Size Range within Peer Group</i>	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY13 C/R	\$3,330,501	\$1,392,804	\$0	\$386,517	\$203,433	\$226,921	\$619,301	\$7,203	\$494,322	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmnts	(\$66,066)	\$0	\$0	\$0	\$0	\$384	(\$66,450)		(\$30,963)	\$30,963
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$3,264,435	\$1,392,804	\$0	\$386,517	\$203,433	\$227,305	\$552,851	\$7,203	\$463,359	\$30,963
8	Total Nursing Facility Days As Filed Days = 22,071	FY13 Audited C/R Days	22,071									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,145	FY 18 GL-PL Ins Rpt Days								26,145		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$147.86	\$63.11	\$0.00	\$17.51	\$19.52	(with L&H)	\$25.05	\$0.28	\$20.99	\$1.40
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.1182								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.44								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$56.44	\$0.00	\$17.51	\$19.52		\$25.05	\$0.28	\$20.99	\$1.40
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.90	\$0.00	\$19.14	\$23.27		\$23.46	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$125.96	\$56.44	\$0.00	\$17.51	\$19.52		\$23.46	\$0.28	7.35 (FRV)	\$1.40
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Allwnc %	\$15.64	\$7.55	\$0.00	\$2.34	\$2.61	\$0.00	\$3.14	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.60	\$63.99	\$0.00	\$19.85	\$22.13	\$0.00	\$26.60	\$0.28	\$7.35	\$1.40
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5555								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.54								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.15	\$99.54	\$0.00	\$19.85	\$22.13	\$0.00	\$26.60	\$0.28	\$7.35	\$1.40
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Stdnt - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.49	\$2.49								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.99	\$1.99								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.74	\$5.01	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$199.89	\$104.55	\$0.00	\$20.07	\$22.54	\$0.00	\$43.70	\$0.28	\$7.35	\$1.40
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$137.09									

Provider: Pinewood Manor Nursing Home		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID:	00142513A	Growth Allowance:	N/A	13.37%	Base Period Overall CMI:				1.3181	1.3617		
Case Mix Per Diem Rate Effective Date: 4/1/2021		Qtrly BIMS score	31.3%	2.5%	Quarterly Medicaid CMI:				1.4438	1.5382		
MDS & Nurse Hrs Data per Quarter Ending: 12/31/20		Nurse Hours per On-Site Day/Quality Incentive:	4.15	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.4689	1.5656		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatnns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	1	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Hosp Based	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,583,932	\$1,748,716	\$0	\$519,903	\$269,657	\$173,308	\$517,509	\$39,528	\$315,311	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstms	(\$134,777)	(\$37,321)	\$0	\$9,404	\$5,902	(\$2,359)	(\$107,744)		(\$25,933)	\$23,274
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,449,155	\$1,711,395	\$0	\$529,307	\$275,559	\$170,949	\$409,765	\$39,528	\$289,378	\$23,274
8	Total Nursing Facility Days	As Filed Days = 35,486	35,486									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY 18 GL-PL Ins Rpt Days									34,000	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$97.25	\$48.23	\$0.00	\$14.92	\$12.58	(with L&F)	\$11.55	\$1.16	\$8.15	\$0.66
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1,3181								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$36.59								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, ALOthr = Ln 9		\$36.59	\$0.00	\$14.92	\$12.58		\$11.55	\$1.16	\$8.15	\$0.66
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$85.37	\$36.59	\$0.00	\$14.92	\$12.58		\$11.55	\$1.16	7.91	\$0.66
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allownc %	\$10.10	\$4.89	\$0.00	\$1.99	\$1.68	\$0.00	\$1.54	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$95.47	\$41.48	\$0.00	\$16.91	\$14.26	\$0.00	\$13.09	\$1.16	\$7.91	\$0.66
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1,4689								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$60.93								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, ALOthr = Ln 16	\$114.92	\$60.93	\$0.00	\$16.91	\$14.26	\$0.00	\$13.09	\$1.16	\$7.91	\$0.66
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.52	\$1.52								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.83	\$1.83								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.98	\$3.88	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$136.90	\$64.81	\$0.00	\$17.13	\$14.67	\$0.00	\$30.56	\$1.16	\$7.91	\$0.66
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$89.85									
27	Minimum Quarterly Case Mix Based Per Diem Rate		\$147.00									
28	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$97.43									

Provider: Pleasant View Nursing Center			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00142546A			Growth Allowance:		N/A	13.37%	Base Period Overall CMI:				1.1323	1.3617
Case Mix Per Diem Rate Effective Date: 4/1/2021			Qtrly BIMS score		36.5%	2.5%	Quarterly Medicaid CMI:				1.3469	1.5382
MDS & Nurse Hrs Data per Quarter Ending: 12/31/20			Nurse Hours per On-Site Day/Quality Incentive:		2.66	2.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.3699	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
1	<b>Cost Center Peer Groups</b>	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,026,915	\$1,895,940	\$0	\$451,612	\$286,012	\$247,493	\$711,719	\$25,092	\$409,047	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$52,279)	\$0	\$0	\$0	\$0	\$0	(\$98,136)		\$5,825	\$28,032
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,974,636	\$1,895,940	\$0	\$451,612	\$286,012	\$247,493	\$625,583	\$25,092	\$414,872	\$28,032
8	Total Nursing Facility Days	As Filed Days = 42,132	42,132									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY 18 GL-PL Ins Rpt Days									39,362	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$94.39	\$45.00	\$0.00	\$10.72	\$12.66	(with L&H)	\$14.85	\$0.64	\$9.85	\$0.67
	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1323								
10	Routine Svcs Case Mix Adjst (CMA) Net Per Diem	Ln 9 / Ln 10		\$39.74								
11	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$39.74	\$0.00	\$10.72	\$12.66		\$14.85	\$0.64	\$9.85	\$0.67
12	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	N/A
13	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$86.91	\$39.74	\$0.00	\$10.72	\$12.66		\$14.85	\$0.64	7.63	\$0.67
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allownc %	\$10.42	\$5.31	\$0.00	\$1.43	\$1.69	\$0.00	\$1.99	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$97.33	\$45.05	\$0.00	\$12.15	\$14.35	\$0.00	\$16.84	\$0.64	\$7.63	\$0.67
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3699								
18	Qtrly Routine Svcs Case Mix Adjstmd (CMA) Net Per Diem	Ln 16 x Ln 17		\$61.71								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$113.99	\$61.71	\$0.00	\$12.15	\$14.35	\$0.00	\$16.84	\$0.64	\$7.63	\$0.67
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ((Strnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.54	\$1.54								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.23	\$1.23								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.40	\$3.30	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$135.39	\$65.01	\$0.00	\$12.37	\$14.76	\$0.00	\$34.31	\$0.64	\$7.63	\$0.67
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$88.72									
27	Minimum Quarterly Case Mix Based Per Diem Rate		\$147.00									
28	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$97.43									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

Provider: <b>Porter Field H &amp; R Ctr, LLC</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00222582A</b>				Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>		Growth Allowance: <b>N/A</b>	13.37%	Base Period Overall CMI: <b>1.3070</b>			1.3617	
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/20</b>				Nurse Hours per On-Site Day/Quality Incentive: <b>9.52</b>		Qtrly BIMS score: <b>47.7%</b>	5.5%	Quarterly Medicaid CMI: <b>1.7396</b>			1.5382	
							2.0%	Qtrly Mcaid CMI w RUG Wght Options: <b>1.7731</b>			1.5656	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatlns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R - FY 2018 GL-PL Rpt	\$3,491,932	\$1,705,395	\$0	\$325,262	\$250,159	\$240,904	\$516,031	\$58,342	\$395,839	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$71,024)	\$0	\$0	\$0	\$0	\$0	(\$71,024)		(\$38,115)	\$38,115
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,420,908	\$1,705,395	\$0	\$325,262	\$250,159	\$240,904	\$445,007	\$58,342	\$357,724	\$38,115
8	Total Nursing Facility Days As Filed Days = 27,650	FY12 Audited C/R Days	27,650									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,351	FY 18 GL-PL Ins Rpt Days								27,351		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$123.74	\$61.68	\$0.00	\$11.76	\$17.76	(with L&H)	\$16.09	\$2.13	\$12.94	\$1.38
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.3070</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.19								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$47.19	\$0.00	\$11.76	\$17.76		\$16.09	\$2.13	\$12.94	\$1.38
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$104.52	\$47.19	\$0.00	\$11.76	\$17.76		\$16.09	\$2.13	8.21 (FRV)	\$1.38
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$12.40	\$6.31	\$0.00	\$1.57	\$2.37	\$0.00	\$2.15	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$116.92	\$53.50	\$0.00	\$13.33	\$20.13	\$0.00	\$18.24	\$2.13	\$8.21	\$1.38
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.7731</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.86								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOIthr = Ln 16	\$158.28	\$94.86	\$0.00	\$13.33	\$20.13	\$0.00	\$18.24	\$2.13	\$8.21	\$1.38
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Atwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.22	\$5.22								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Sfing Add-on	\$1.90	\$1.90								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.75	\$7.65	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$184.03	\$102.51	\$0.00	\$13.55	\$20.54	\$0.00	\$35.71	\$2.13	\$8.21	\$1.38
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$125.20									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

Provider: Powder Springs Center For Nursing & Healing				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00530824A				Growth Allowance: N/A		33.7%	13.37%	Base Period Overall CMI: 1.3795			1.3795	1.3617
Case Mix Per Diem Rate Effective Date: 4/1/2021				Qtrly BIMS score		33.7%	2.5%	Quarterly Medicaid CMI: 1.4653			1.4653	1.5382
MDS & Nurse Hrs Data per Quarter Ending: 12/31/20				Nurse Hours per On-Site Day/Quality Incentive: 3.27		3.27	2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4875			1.4875	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$12,383,234	\$5,781,239	\$0	\$1,070,131	\$666,123	\$478,534	\$2,238,868	\$267,364	\$1,880,975	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$1,296,184)	(\$506,533)	\$0	(\$59,975)	\$371	\$45,785	(\$885,856)		(\$15,238)	\$125,262
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$11,087,050	\$5,274,706	\$0	\$1,010,156	\$666,494	\$524,319	\$1,353,012	\$267,364	\$1,865,737	\$125,262
8	Total Nursing Facility Days As Filed Days = 70,979	FY12 Audited C/R Days	70,979									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 66,423	FY 18 GL-PL Ins Rpt Days								66,423		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$156.46	\$74.31	\$0.00	\$14.23	\$16.78	(with L&H)	\$19.06	\$4.03	\$26.29	\$1.76
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3795								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.87								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$53.87	\$0.00	\$14.23	\$16.78		\$19.06	\$4.03	\$26.29	\$1.76
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$121.86	\$53.87	\$0.00	\$14.23	\$16.78		\$19.06	\$4.03	12.13 (FRV)	\$1.76
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$13.89	\$7.20	\$0.00	\$1.90	\$2.24	\$0.00	\$2.55	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$135.75	\$61.07	\$0.00	\$16.13	\$19.02	\$0.00	\$21.61	\$4.03	\$12.13	\$1.76
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4875								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.84								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$165.52	\$90.84	\$0.00	\$16.13	\$19.02	\$0.00	\$21.61	\$4.03	\$12.13	\$1.76
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.27	\$2.27								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.82	\$1.82								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.72	\$4.62	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$188.24	\$95.46	\$0.00	\$16.35	\$19.43	\$0.00	\$39.08	\$4.03	\$12.13	\$1.76
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$128.36									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

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<div> <div> Provider: <b>Premier Estate of Dublin</b>  Prvdr ID: <b>00141281A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: <b>N/A</b>  Qtrly BIMS score: <b>24.6%</b>  Nurse Hours per On-Site Day/Quality Incentive: <b>3.47</b> </div> <div> Facility Score: <b>N/A</b>  Add-on Percent: <b>13.37%</b>  2.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: <b>1.1528</b>  Quarterly Medicaid CMI: <b>1.4468</b>  Qtrly Mcaid CMI w RUG Wght Options: <b>1.4708</b> </div> <div> Facility Specific: <b>1.1528</b>  State-wide: <b>1.3617</b>  1.4468  1.5382  1.4708  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekeeping	Plant Operations & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,922,620	\$1,446,998	\$0	\$344,458	\$171,679	\$139,354	\$522,229	\$57,432	\$240,470	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$299,079)	(\$81,239)	\$0	(\$409)	(\$2,217)	(\$2,426)	(\$213,806)		(\$9,773)	\$10,791
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,623,541	\$1,365,759	\$0	\$344,049	\$169,462	\$136,928	\$308,423	\$57,432	\$230,697	\$10,791
8	Total Nursing Facility Days As Filed Days = 20,520	FY12 Audited C/R Days	20,520									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,818	FY 18 GL-PL Ins Rpt Days								35,818		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$126.66	\$66.56	\$0.00	\$16.77	\$14.93	(with L&H)	\$15.03	\$1.60	\$11.24	\$0.53
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1528								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.74								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$57.74	\$0.00	\$16.77	\$14.93		\$15.03	\$1.60	\$11.24	\$0.53
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$114.45	\$57.74	\$0.00	\$16.77	\$14.93		\$15.03	\$1.60	7.85 (FRV)	\$0.53
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allownc %	\$13.97	\$7.72	\$0.00	\$2.24	\$2.00	\$0.00	\$2.01	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$128.42	\$65.46	\$0.00	\$19.01	\$16.93	\$0.00	\$17.04	\$1.60	\$7.85	\$0.53
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4708								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.28								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$159.24	\$96.28	\$0.00	\$19.01	\$16.93	\$0.00	\$17.04	\$1.60	\$7.85	\$0.53
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Snd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.96	\$0.96								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.93	\$1.93								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.52	\$3.42	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$180.76</b>	<b>\$99.70</b>	<b>\$0.00</b>	<b>\$19.23</b>	<b>\$17.34</b>	<b>\$0.00</b>	<b>\$34.51</b>	<b>\$1.60</b>	<b>\$7.85</b>	<b>\$0.53</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$122.75</b>									



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

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Provider: <b>Presbyterian Home, Quitman, Inc.</b>			<u>Add-on Data and Percentages</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00142579A</b>			Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>			Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.1395</b>			<b>1.3617</b>	
			MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/20</b>			Qtrly BIMS score: <b>45.0%</b>	<b>5.5%</b>	Quarterly Medicaid CMI: <b>1.3394</b>			<b>1.5382</b>	
			Nurse Hours per On-Site Day/Quality Incentive:			<b>3.68</b>	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.3613</b>			<b>1.5656</b>	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$10,337,985	\$4,890,951	\$0	\$1,374,315	\$648,909	\$877,069	\$1,478,081	\$53,224	\$1,015,436	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstrnts	(\$75,234)	\$0	\$0	\$0	(\$2,842)	(\$3,841)	(\$68,045)		(\$82,762)	\$82,256
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$10,262,751	\$4,890,951	\$0	\$1,374,315	\$646,067	\$873,228	\$1,410,036	\$53,224	\$932,674	\$82,256
8	Total Nursing Facility Days As Filed Days = 65,959	FY12 Audited C/R Days	65,959									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 64,824	FY 18 GL-PL Ins Rpt Days								64,824		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$155.61	\$74.15	\$0.00	\$20.84	\$23.03	(with L&H)	\$21.38	\$0.82	\$14.14	\$1.25
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.1395								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.07								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$65.07	\$0.00	\$20.84	\$23.03		\$21.38	\$0.82	\$14.14	\$1.25
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$148.60	\$65.07	\$0.00	\$18.41	\$23.03		\$20.56	\$0.82	19.46 (FRV)	\$1.25
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$16.99	\$8.70	\$0.00	\$2.46	\$3.08	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$165.59	\$73.77	\$0.00	\$20.87	\$26.11	\$0.00	\$23.31	\$0.82	\$19.46	\$1.25
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.3613								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.42								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.24	\$100.42	\$0.00	\$20.87	\$26.11	\$0.00	\$23.31	\$0.82	\$19.46	\$1.25
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.57	\$0.53	\$0.00	\$0.00	\$0.04	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.52	\$5.52								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.01	\$3.01								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$9.10	\$9.06	\$0.00	\$0.00	\$0.04	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$201.34	\$109.48	\$0.00	\$20.87	\$26.15	\$0.00	\$23.31	\$0.82	\$19.46	\$1.25
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$151.01									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

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Provider: <b>Presbyterian Village, Inc.</b>			<u>Add-on Data and Percentages</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00362832A</b>			Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>			Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.2644</b>			<b>1.2644</b>	<b>1.3617</b>
			MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/20</b>			Qtrly BIMS score: <b>34.2%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.6588</b>			<b>1.6588</b>	<b>1.5382</b>
			Nurse Hours per On-Site Day/Quality Incentive:			<b>5.96</b>	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options:			<b>1.6900</b>	<b>1.5656</b>
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		<i>90.0%</i>	<i>90.0%</i>	<i>90.0%</i>	<i>85.0%</i>		<i>50.0%</i>			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		<i>100.0%</i>	<i>100.0%</i>	<i>100.0%</i>	<i>100.0%</i>		<i>105.0%</i>			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		<i>\$0.53</i>	<i>\$0.00</i>	<i>\$0.22</i>	<i>\$0.41</i>		<i>\$0.37</i>			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,048,766	\$3,497,168	\$0	\$656,133	\$463,367	\$501,200	\$1,342,874	\$37,499	\$550,525	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjslmts	(\$87,647)	(\$14,696)	\$0	\$0	\$0	\$4,740	(\$77,691)		(\$26,496)	\$26,496
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,961,119	\$3,482,472	\$0	\$656,133	\$463,367	\$505,940	\$1,265,183	\$37,499	\$524,029	\$26,496
8	Total Nursing Facility Days As Filed Days = 37,499	FY12 Audited C/R Days	37,499									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,475	FY 18 GL-PL Ins Rpt Days								35,475		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$185.70	\$92.87	\$0.00	\$17.50	\$25.85	(with L&H)	\$33.74	\$1.06	\$13.97	\$0.71
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.2644</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.45								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$73.45	\$0.00	\$17.50	\$25.85		\$33.74	\$1.06	\$13.97	\$0.71
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$152.69	\$71.51	\$0.00	\$17.50	\$23.09		\$20.56	\$1.06	18.26 (FRV)	\$0.71
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$17.74	\$9.56	\$0.00	\$2.34	\$3.09	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$170.43	\$81.07	\$0.00	\$19.84	\$26.18	\$0.00	\$23.31	\$1.06	\$18.26	\$0.71
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.6900</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$137.01								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$226.37	\$137.01	\$0.00	\$19.84	\$26.18	\$0.00	\$23.31	\$1.06	\$18.26	\$0.71
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem (Stnd - Atwdj x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.43	\$3.43								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.11	\$4.11								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$7.76	\$7.54	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$234.13	\$144.55	\$0.00	\$20.06	\$26.18	\$0.00	\$23.31	\$1.06	\$18.26	\$0.71
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$175.60									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

**FINAL**

<div> <div> Provider: <b>Providence Healthcare of Sparta</b>  Prvdr ID: <b>00142623A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: <b>N/A</b>  Qtrly BIMS score: <b>47.1%</b>  Nurse Hours per On-Site Day/Quality Incentive: <b>2.63</b> </div> <div> Facility Score: <b>N/A</b>  Add-on Percent: <b>13.37%</b>  5.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: <b>1.2494</b>  Quarterly Medicaid CMI: <b>1.4901</b>  Qtrly Mcaid CMI w RUG Wght Options: <b>1.5170</b> </div> <div> Facility Specific: <b>1.2494</b>  1.4901  1.5170 </div> <div> State-wide: <b>1.3617</b>  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R - FY 2018 GL-PL Rpt	\$2,804,770	\$1,453,605	\$0	\$286,258	\$175,513	\$200,891	\$390,719	\$40,376	\$257,408	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$14,916)	(\$13,028)	\$0	\$0	\$1,992	\$2,279	(\$10,145)		(\$15,953)	\$19,939
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,789,854	\$1,440,577	\$0	\$286,258	\$177,505	\$203,170	\$380,574	\$40,376	\$241,455	\$19,939
8	Total Nursing Facility Days As Filed Days = 17,786	FY12 Audited C/R Days	17,786									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,565	FY 18 GL-PL Ins Rpt Days								20,565		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$156.54	\$80.99	\$0.00	\$16.09	\$21.40	(with L&H)	\$21.40	\$1.96	\$13.58	\$1.12
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<b>1.2494</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.82								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$64.82	\$0.00	\$16.09	\$21.40		\$21.40	\$1.96	\$13.58	\$1.12
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$134.67	\$64.82	\$0.00	\$16.09	\$21.40		\$20.56	\$1.96	8.72 (FRV)	\$1.12
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$16.43	\$8.67	\$0.00	\$2.15	\$2.86	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$151.10	\$73.49	\$0.00	\$18.24	\$24.26	\$0.00	\$23.31	\$1.96	\$8.72	\$1.12
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.5170</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.48								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$189.09	\$111.48	\$0.00	\$18.24	\$24.26	\$0.00	\$23.31	\$1.96	\$8.72	\$1.12
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem (Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.13	\$6.13								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.34	\$3.34								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.73	\$10.00	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$216.82</b>	<b>\$121.48</b>	<b>\$0.00</b>	<b>\$18.46</b>	<b>\$24.67</b>	<b>\$0.00</b>	<b>\$40.41</b>	<b>\$1.96</b>	<b>\$8.72</b>	<b>\$1.12</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$149.79</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Providence Healthcare of Thomaston</b>  Prvdr ID: <b>00142612A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score 41.5%  Nurse Hours per On-Site Day/Quality Incentive: 3.08 </div> <div> Facility Score  Add-on Percent  13.37%  2.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.2794  Quarterly Medicaid CMI: 1.5154  Qtrly Mcaid CMI w RUG Wght Options: 1.5422 </div> <div> Facility Specific  1.2794  1.5154  1.5422 </div> <div> State-wide  1.3617  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,305,895	\$2,258,087	\$0	\$486,083	\$323,994	\$304,264	\$595,800	\$42,930	\$294,737	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstnts	(\$287,496)	(\$4,808)	\$0	(\$7,404)	(\$2,349)	(\$2,205)	(\$32,361)		(\$259,981)	\$21,612
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,018,399	\$2,253,279	\$0	\$478,679	\$321,645	\$302,059	\$563,439	\$42,930	\$34,756	\$21,612
8	Total Nursing Facility Days As Filed Days = 36,622	FY12 Audited C/R Days	36,622									
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	FY 18 GL-PL Ins Rpt Days								31,325		
10	Base Period Facility Case Mix Index for All Residents	Ln 7 / Ln 8 Col a from 4 qtrs of FY12	\$109.93	\$61.53	\$0.00	\$13.07	\$17.03	(with L&H)	\$15.39	\$1.37	\$0.95	\$0.59
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.09								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$48.09	\$0.00	\$13.07	\$17.03		\$15.39	\$1.37	\$0.95	\$0.59
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$103.08	\$48.09	\$0.00	\$13.07	\$17.03		\$15.39	\$1.37	7.54 (FRV)	\$0.59
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$12.52	\$6.43	\$0.00	\$1.75	\$2.28	\$0.00	\$2.06	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$115.60	\$54.52	\$0.00	\$14.82	\$19.31	\$0.00	\$17.45	\$1.37	\$7.54	\$0.59
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5422								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$84.08								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$145.16	\$84.08	\$0.00	\$14.82	\$19.31	\$0.00	\$17.45	\$1.37	\$7.54	\$0.59
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Sind - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.10	\$2.10								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.52	\$2.52								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.25	\$5.15	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$168.41	\$89.23	\$0.00	\$15.04	\$19.72	\$0.00	\$34.92	\$1.37	\$7.54	\$0.59
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$113.48									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>PruittHealth - Ashburn, LLC</b>  Prvdr ID: <b>00140104A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: <b>N/A</b>  Qtrly BIMS score: <b>34.8%</b>  Nurse Hours per On-Site Day/Quality Incentive: <b>3.68</b> </div> <div> Facility Score: <b>N/A</b>  Add-on Percent: <b>13.37%</b>  2.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: <b>1.3806</b>  Quarterly Medicaid CMI: <b>1.5716</b>  Qtrly Mcaid CMI w RUG Wght Options: <b>1.6020</b> </div> <div> Facility Specific: <b>1.3806</b>  1.5716  1.6020 </div> <div> State-wide: <b>1.3617</b>  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,602,964	\$1,920,538	\$0	\$327,040	\$241,985	\$229,227	\$490,150	\$182,854	\$211,170	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$66,603)	(\$11,693)	\$0	\$0	\$1,933	\$1,059	(\$59,591)		(\$23,561)	\$25,250
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,536,361	\$1,908,845	\$0	\$327,040	\$243,918	\$230,286	\$430,559	\$182,854	\$187,609	\$25,250
8	Total Nursing Facility Days As Filed Days = 24,869	FY12 Audited C/R Days	24,869									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,000	FY 18 GL-PL Ins Rpt Days								23,000		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$142.80	\$76.76	\$0.00	\$13.15	\$19.07	(with L&H)	\$17.31	\$7.95	\$7.54	\$1.02
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3806								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.60								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.60	\$0.00	\$13.15	\$19.07		\$17.31	\$7.95	\$7.54	\$1.02
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$123.02	\$55.60	\$0.00	\$13.15	\$19.07		\$17.31	\$7.95	8.92 (FRV)	\$1.02
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14.05	\$7.43	\$0.00	\$1.76	\$2.55	\$0.00	\$2.31	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$137.07	\$63.03	\$0.00	\$14.91	\$21.62	\$0.00	\$19.62	\$7.95	\$8.92	\$1.02
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6020								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.97								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$175.01	\$100.97	\$0.00	\$14.91	\$21.62	\$0.00	\$19.62	\$7.95	\$8.92	\$1.02
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.52	\$2.52								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Sftng Add-on	\$3.03	\$3.03								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.18	\$6.08	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$199.19	\$107.05	\$0.00	\$15.13	\$22.03	\$0.00	\$37.09	\$7.95	\$8.92	\$1.02
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$136.57									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

**FINAL**

Provider: <b>PruittHealth - Athens Heritage, LLC</b>			<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00141391A</b>			Growth Allowance: N/A		25.0%	13.37%	Base Period Overall CMI: 1.6031				1.6031	1.3617
Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>			Qtrly BIMS score		1.0%	1.0%	Quarterly Medicaid CMI: 1.6625				1.6625	1.5382
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/20</b>			Nurse Hours per On-Site Day/Quality Incentive:		3.39	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6933				1.6933	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,526,388	\$3,246,116	\$0	\$538,887	\$534,762	\$490,607	\$977,971	\$250,221	\$487,824	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstrmts	(\$152,415)	(\$3,216)	\$0	(\$776)	(\$18,081)	(\$16,890)	(\$96,300)		(\$132,263)	\$115,111
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,373,973	\$3,242,900	\$0	\$538,111	\$516,681	\$473,717	\$881,671	\$250,221	\$355,561	\$115,111
8	Total Nursing Facility Days As Filed Days = 33,807	FY12 Audited C/R Days	33,807									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,536	FY 18 GL-PL Ins Rpt Days								33,536		
9	Net Per Diems prior to Case Mix Adjstrmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$188.60	\$95.92	\$0.00	\$15.92	\$29.30	(with L&H)	\$26.08	\$7.46	\$10.52	\$3.40
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.6031</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.83								
12	Net Per Diems after Case Mix Adjstrmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$59.83	\$0.00	\$15.92	\$29.30		\$26.08	\$7.46	\$10.52	\$3.40
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$147.45	\$59.83	\$0.00	\$15.92	\$23.09		\$20.56	\$7.46	17.19 (FRV)	\$3.40
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$15.97	\$8.00	\$0.00	\$2.13	\$3.09	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$163.42	\$67.83	\$0.00	\$18.05	\$26.18	\$0.00	\$23.31	\$7.46	\$17.19	\$3.40
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qlr End		<u>1.6933</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.86								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$210.45	\$114.86	\$0.00	\$18.05	\$26.18	\$0.00	\$23.31	\$7.46	\$17.19	\$3.40
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.15	\$1.15								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$3.45	\$3.45								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.45	\$5.13	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$232.90	\$119.99	\$0.00	\$18.27	\$26.18	\$0.00	\$40.41	\$7.46	\$17.19	\$3.40
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$161.85									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

**FINAL**

<div> <div> Provider: <b>PruittHealth - Augusta</b>  Prvdr ID: <b>00059463A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b> </div> <div> Nurse Hours per On-Site Day/Quality Incentive: </div> </div> <div> Add-on Data and Percentages  Growth Allowance: <b>N/A</b>  Qtrly BIMS score: <b>13.6%</b>  </div> <div> Facility Score: <b>N/A</b>  Add-on Percent: <b>13.37%</b>  <b>0.0%</b>  <b>3.38</b>    <b>3.0%</b> </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: <b>1.4445</b>  Quarterly Medicaid CMI: <b>1.5290</b>  Qtrly Mcaid CMI w RUG Wght Options: <b>1.5551</b>    <b>1.5656</b> </div> <div> Facility Specific  State-wide </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		<i>90.0%</i>	<i>90.0%</i>	<i>90.0%</i>	<i>85.0%</i>		<i>50.0%</i>			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		<i>100.0%</i>	<i>100.0%</i>	<i>100.0%</i>	<i>100.0%</i>		<i>105.0%</i>			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		<i>\$0.53</i>	<i>\$0.00</i>	<i>\$0.22</i>	<i>\$0.41</i>		<i>\$0.37</i>			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,463,847	\$3,001,248	\$0	\$503,836	\$318,357	\$274,569	\$754,359	\$240,597	\$370,881	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$115,918)	(\$2,185)	\$0	(\$1,176)	\$0	\$264	(\$104,260)		(\$54,548)	\$45,987
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,347,929	\$2,999,063	\$0	\$502,660	\$318,357	\$274,833	\$650,099	\$240,597	\$316,333	\$45,987
8	Total Nursing Facility Days      As Filed Days = 33,329	FY12 Audited C/R Days	33,329									
	Total Nursing Facility Days GL-PL Ins. Rpt      As Filed Days = 29,845	FY 18 GL-PL Ins Rpt Days								29,845		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$161.30	\$89.98	\$0.00	\$15.08	\$17.80	(with L&H)	\$19.51	\$8.06	\$9.49	\$1.38
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.4445</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.29								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$62.29	\$0.00	\$15.08	\$17.80		\$19.51	\$8.06	\$9.49	\$1.38
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$133.48	\$62.29	\$0.00	\$15.08	\$17.80		\$19.51	\$8.06	9.36 (FRV)	\$1.38
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$15.34	\$8.33	\$0.00	\$2.02	\$2.38	\$0.00	\$2.61	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$148.82	\$70.62	\$0.00	\$17.10	\$20.18	\$0.00	\$22.12	\$8.06	\$9.36	\$1.38
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.5551</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.82								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.02	\$109.82	\$0.00	\$17.10	\$20.18	\$0.00	\$22.12	\$8.06	\$9.36	\$1.38
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Sflng Add-on	\$3.29	\$3.29								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.92	\$3.82	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$209.94</b>	<b>\$113.64</b>	<b>\$0.00</b>	<b>\$17.32</b>	<b>\$20.59</b>	<b>\$0.00</b>	<b>\$39.59</b>	<b>\$8.06</b>	<b>\$9.36</b>	<b>\$1.38</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$144.63</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>PruittHealth Augusta Hills</b>  Prvdr ID: <b>00245055A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: <b>N/A</b>  Qtrly BIMS score: <b>41.2%</b>  Nurse Hours per On-Site Day/Quality Incentive: <b>2.56</b> </div> <div> Facility Score: <b>N/A</b>  Add-on Percent: <b>13.37%</b>  2.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: <b>1.4845</b>  Quarterly Medicaid CMI: <b>1.6043</b>  Qtrly Mcaid CMI w RUG Wght Options: <b>1.6334</b> </div> <div> Facility Specific: <b>1.4845</b>  1.6043  1.6334 </div> <div> State-wide: <b>1.3617</b>  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,172,759	\$3,380,409	\$0	\$617,908	\$441,955	\$331,762	\$781,007	\$303,153	\$316,565	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$134,996)	(\$5,407)	\$0	(\$1,267)	(\$4,788)	(\$4,137)	(\$115,669)		(\$64,266)	\$60,538
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,037,763	\$3,375,002	\$0	\$616,641	\$437,167	\$327,625	\$665,338	\$303,153	\$252,299	\$60,538
8	Total Nursing Facility Days As Filed Days = 37,879	FY12 Audited C/R Days	37,879									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,432	FY 18 GL-PL Ins Rpt Days								30,432		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$161.35	\$89.10	\$0.00	\$16.28	\$20.19	(with L&H)	\$17.56	\$9.96	\$6.66	\$1.60
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4845								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.02								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$60.02	\$0.00	\$16.28	\$20.19		\$17.56	\$9.96	\$6.66	\$1.60
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$134.65	\$60.02	\$0.00	\$16.28	\$20.19		\$17.56	\$9.96	9.04 (FRV)	\$1.60
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$15.25	\$8.02	\$0.00	\$2.18	\$2.70	\$0.00	\$2.35	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$149.90	\$68.04	\$0.00	\$18.46	\$22.89	\$0.00	\$19.91	\$9.96	\$9.04	\$1.60
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6334								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	\$111.14									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193.00	\$111.14	\$0.00	\$18.46	\$22.89	\$0.00	\$19.91	\$9.96	\$9.04	\$1.60
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.78	\$2.78								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.33	\$3.33								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.74	\$6.64	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$217.74	\$117.78	\$0.00	\$18.68	\$23.30	\$0.00	\$37.38	\$9.96	\$9.04	\$1.60
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$150.48									



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

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Provider: <b>PruittHealth - Austell</b>				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00059276A</b>				Growth Allowance: N/A		18.6%	13.37%	Base Period Overall CMI: 1.5684			1.5684	1.3617
Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>				Qtrly BIMS score: 18.6% <td>0.0%</td> <td>0.0%</td> <td colspan="3">Quarterly Medicaid CMI: 1.5750</td> <td>1.5750</td> <td>1.5382</td>		0.0%	0.0%	Quarterly Medicaid CMI: 1.5750			1.5750	1.5382
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/20</b>				Nurse Hours per On-Site Day/Quality Incentive: 3.02		3.0%	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6019			1.6019	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>  <b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i> <i>Peer Group Standards: Multiplier</i> <i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,420,257	\$3,697,715	\$0	\$704,234	\$617,896	\$360,843	\$1,076,394	\$298,340	\$664,835	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$129,239)	(\$8,087)	\$0	(\$798)	(\$1,751)	(\$1,135)	(\$115,646)		(\$98,311)	\$96,489
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,291,018	\$3,689,628	\$0	\$703,436	\$616,145	\$359,708	\$960,748	\$298,340	\$566,524	\$96,489
8	Total Nursing Facility Days As Filed Days = 41,411	FY12 Audited C/R Days	41,411									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,344	FY 18 GL-PL Ins Rpt Days								41,344		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$176.09	\$89.10	\$0.00	\$16.99	\$23.57	(with L&H)	\$23.20	\$7.22	\$13.68	\$2.33
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.5684</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.81								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$56.81	\$0.00	\$16.99	\$23.57		\$23.20	\$7.22	\$13.68	\$2.33
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$142.01	\$56.81	\$0.00	\$16.99	\$23.09		\$20.56	\$7.22	15.01 (FRV)	\$2.33
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$15.71	\$7.60	\$0.00	\$2.27	\$3.09	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$157.72	\$64.41	\$0.00	\$19.26	\$26.18	\$0.00	\$23.31	\$7.22	\$15.01	\$2.33
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.6019</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.18								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$196.49	\$103.18	\$0.00	\$19.26	\$26.18	\$0.00	\$23.31	\$7.22	\$15.01	\$2.33
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$3.10	\$3.10								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.95	\$3.63	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$217.44	\$106.81	\$0.00	\$19.48	\$26.18	\$0.00	\$40.41	\$7.22	\$15.01	\$2.33
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$150.26									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

Provider: <b>PruittHealth - Blue Ridge, LLC</b>			Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00140973A</b>			Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>			Growth Allowance: <b>N/A</b>	13.37%	Base Period Overall CMI: <b>1.5336</b>			1.3617	
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/20</b>			Nurse Hours per On-Site Day/Quality Incentive: <b>3.91</b>			Qtrly BIMS score <b>37.5%</b>	2.5%	Quarterly Medicaid CMI: <b>1.4888</b>			1.5382	
							3.0%	Qtrly Mcaid CMI w RUG Wght Options: <b>1.5154</b>			1.5656	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,508,415	\$3,018,964	\$0	\$521,660	\$383,347	\$380,977	\$819,937	\$243,003	\$140,527	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$130,716)	(\$8,065)	\$0	(\$1,169)	(\$13,877)	(\$14,537)	(\$87,679)		(\$46,929)	\$41,540
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,377,699	\$3,010,899	\$0	\$520,491	\$369,470	\$366,440	\$732,258	\$243,003	\$93,598	\$41,540
8	Total Nursing Facility Days As Filed Days = 35,332	FY12 Audited C/R Days	35,332									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,945	FY 18 GL-PL Ins Rpt Days								34,945		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$152.29	\$85.22	\$0.00	\$14.73	\$20.83	(with L&H)	\$20.73	\$6.95	\$2.65	\$1.18
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5336								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.57								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.57	\$0.00	\$14.73	\$20.83		\$20.73	\$6.95	\$2.65	\$1.18
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$127.79	\$55.57	\$0.00	\$14.73	\$20.83		\$20.56	\$6.95	7.97 (FRV)	\$1.18
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14.93	\$7.43	\$0.00	\$1.97	\$2.78	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.72	\$63.00	\$0.00	\$16.70	\$23.61	\$0.00	\$23.31	\$6.95	\$7.97	\$1.18
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5154								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.47								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$175.19	\$95.47	\$0.00	\$16.70	\$23.61	\$0.00	\$23.31	\$6.95	\$7.97	\$1.18
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Akwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.39	\$2.39								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$2.86	\$2.86								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.51	\$5.78	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$198.70	\$101.25	\$0.00	\$16.92	\$24.02	\$0.00	\$40.41	\$6.95	\$7.97	\$1.18
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$136.20									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

Provider: <b>PruittHealth - Brookhaven</b>			<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00140115A</b>			Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>		Growth Allowance: <b>N/A</b>	13.37%	Base Period Overall CMI: <b>1.6566</b>				1.6566	1.3617
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/20</b>			Nurse Hours per On-Site Day/Quality Incentive: <b>3.65</b>		Qtrly BIMS score <b>28.2%</b>	1.0%	Quarterly Medicaid CMI: <b>1.8235</b>				1.8235	1.5382
						2.0%	Qtrly Mcaid CMI w RUG Wght Options: <b>1.8573</b>				1.8573	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatlns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$10,389,770	\$5,803,797	\$0	\$918,297	\$680,287	\$401,738	\$1,408,001	\$377,738	\$799,912	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$200,389)	(\$22,196)	\$0	\$4,793	(\$5,635)	(\$13,027)	(\$157,358)		(\$127,055)	\$120,089
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$10,189,381	\$5,781,601	\$0	\$923,090	\$674,652	\$388,711	\$1,250,643	\$377,738	\$672,857	\$120,089
8	Total Nursing Facility Days As Filed Days = 51,101	FY12 Audited C/R Days	51,101									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 53,128	FY 18 GL-PL Ins Rpt Days								53,128		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$199.11	\$113.14	\$0.00	\$18.06	\$20.81	(with L&H)	\$24.47	\$7.11	\$13.17	\$2.35
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.6566</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.30								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$68.30	\$0.00	\$18.06	\$20.81		\$24.47	\$7.11	\$13.17	\$2.35
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$148.95	\$68.30	\$0.00	\$18.06	\$20.81		\$20.56	\$7.11	11.76 (FRV)	\$2.35
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$17.07	\$9.13	\$0.00	\$2.41	\$2.78	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$166.02	\$77.43	\$0.00	\$20.47	\$23.59	\$0.00	\$23.31	\$7.11	\$11.76	\$2.35
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.8573</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$143.81								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$232.40	\$143.81	\$0.00	\$20.47	\$23.59	\$0.00	\$23.31	\$7.11	\$11.76	\$2.35
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.44	\$1.44								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.88	\$2.88								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.58	\$4.85	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$254.98	\$148.66	\$0.00	\$20.69	\$24.00	\$0.00	\$40.41	\$7.11	\$11.76	\$2.35
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$178.41									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY14 Cost Report Data

FINAL

<div> <div> Provider: <b>Pruitt Covington</b>  Prvdr ID: <b>00265196A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 25.6%  Nurse Hours per On-Site Day/Quality Incentive: 3.22 </div> <div> Facility Score  Add-on Percent  13.37%  1.0%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.3923  Quarterly Medicaid CMI: 1.5854  Qtrly Mcaid CMI w RUG Wght Options: 1.6145 </div> <div> Facility Specific  State-wide  1.3923  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY 14 C/R - FY 18 GL-PL Rpt	\$4,350,870	\$2,108,885	\$0	\$444,031	\$256,227	\$338,422	\$654,103	\$170,824	\$378,378	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY14 C/R Audit Adjstmnts	(\$101,487)	\$0	\$0	\$0	\$0	\$0	(\$101,428)		(\$40,593)	\$40,534
7	Cost Center Costs After Audit Adjustments	FY14 Audited C/R	\$4,249,383	\$2,108,885	\$0	\$444,031	\$256,227	\$338,422	\$552,675	\$170,824	\$337,785	\$40,534
8	Total Nursing Facility Days As Filed Days = 25,202	FY14 Audited C/R Days	25,202									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,191	FY 18 GL-PL Ins Rpt Days								24,191		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$168.90	\$83.68	\$0.00	\$17.62	\$23.60	(with L&H)	\$21.93	\$7.06	\$13.40	\$1.61
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		<u>1.3923</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.10								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$60.10	\$0.00	\$17.62	\$23.60		\$21.93	\$7.06	\$13.40	\$1.61
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.31	\$0.00	\$19.52	\$23.55		\$24.02	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$142.45	\$60.10	\$0.00	\$17.62	\$23.55		\$21.93	\$7.06	10.58 (FRV)	\$1.61
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.4%</u>	Ln 14 x Grwth Allwnc %	\$16.48	\$8.04	\$0.00	\$2.36	\$3.15	\$0.00	\$2.93	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$158.93	\$68.14	\$0.00	\$19.98	\$26.70	\$0.00	\$24.86	\$7.06	\$10.58	\$1.61
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.6145</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.01								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$200.80	\$110.01	\$0.00	\$19.98	\$26.70	\$0.00	\$24.86	\$7.06	\$10.58	\$1.61
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.10	\$1.10								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$3.30	\$3.30								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.62	\$4.93	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$223.42</b>	<b>\$114.94</b>	<b>\$0.00</b>	<b>\$20.20</b>	<b>\$26.70</b>	<b>\$0.00</b>	<b>\$42.33</b>	<b>\$7.06</b>	<b>\$10.58</b>	<b>\$1.61</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$154.74</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

**FINAL**

<div> <div> Provider: <b>PruittHealth - Crestwood</b>  Prvdr ID: <b>00140764A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: <b>N/A</b>  Qtrly BIMS score: <b>46.3%</b>  Nurse Hours per On-Site Day/Quality Incentive: <b>3.82</b> </div> <div> Facility Score: <b>N/A</b>  Add-on Percent: <b>13.37%</b>  5.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: <b>1.5323</b>  Quarterly Medicaid CMI: <b>1.5390</b>  Qtrly Mcaid CMI w RUG Wght Options: <b>1.5696</b> </div> <div> Facility Specific: <b>1.5323</b>  1.5390  1.5696 </div> <div> State-wide: <b>1.3617</b>  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,133,947	\$2,380,708	\$0	\$373,027	\$246,648	\$217,126	\$554,254	\$190,072	\$172,112	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$74,729)	(\$6,607)	\$0	(\$1,240)	(\$287)	(\$1,099)	(\$65,329)		(\$24,958)	\$24,791
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,059,218	\$2,374,101	\$0	\$371,787	\$246,361	\$216,027	\$488,925	\$190,072	\$147,154	\$24,791
8	Total Nursing Facility Days As Filed Days = 26,925	FY12 Audited C/R Days	26,925									
8	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,297	FY 18 GL-PL Ins Rpt Days								25,297		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$151.21	\$88.17	\$0.00	\$13.81	\$17.17	(with L&H)	\$18.16	\$7.51	\$5.47	\$0.92
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5323								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.54								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$57.54	\$0.00	\$13.81	\$17.17		\$18.16	\$7.51	\$5.47	\$0.92
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$123.55	\$57.54	\$0.00	\$13.81	\$17.17		\$18.16	\$7.51	8.44 (FRV)	\$0.92
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14.27	\$7.69	\$0.00	\$1.85	\$2.30	\$0.00	\$2.43	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$137.82	\$65.23	\$0.00	\$15.66	\$19.47	\$0.00	\$20.59	\$7.51	\$8.44	\$0.92
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5696								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.39								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.98	\$102.39	\$0.00	\$15.66	\$19.47	\$0.00	\$20.59	\$7.51	\$8.44	\$0.92
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Atwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.63	\$5.63								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.07	\$3.07								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.33	\$9.23	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$202.31</b>	<b>\$111.62</b>	<b>\$0.00</b>	<b>\$15.88</b>	<b>\$19.88</b>	<b>\$0.00</b>	<b>\$38.06</b>	<b>\$7.51</b>	<b>\$8.44</b>	<b>\$0.92</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$138.91</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

Provider: <b>PruittHealth - Decatur</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00252942A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>	Growth Allowance: <b>N/A</b>	Qtrly BIMS score: <b>29.5%</b>	13.37%	Base Period Overall CMI: <b>1.4114</b>				1.4114	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.44</b>	3.0%	Quarterly Medicaid CMI: <b>1.4929</b>				1.4929	1.5382			
				Qtrly Mcaid CMI w RUG Wght Options: <b>1.5180</b>				1.5180	1.5656			
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,512,345	\$4,785,707	\$0	\$686,216	\$560,740	\$447,601	\$1,146,606	\$351,272	\$534,203	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$160,012)	(\$1,918)	\$0	\$0	\$0	\$0	(\$157,824)		(\$76,999)	\$76,729
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,352,333	\$4,783,789	\$0	\$686,216	\$560,740	\$447,601	\$988,782	\$351,272	\$457,204	\$76,729
8	Total Nursing Facility Days As Filed Days = 49,032	FY12 Audited C/R Days	49,032									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 49,404	FY 18 GL-PL Ins Rpt Days								49,404		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$170.28	\$97.56	\$0.00	\$14.00	\$20.56	(with L&H)	\$20.17	\$7.11	\$9.32	\$1.56
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.4114</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.13								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$69.13	\$0.00	\$14.00	\$20.56		\$20.17	\$7.11	\$9.32	\$1.56
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$148.10	\$69.13	\$0.00	\$14.00	\$20.56		\$20.17	\$7.11	15.57 (FRV)	\$1.56
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$16.56	\$9.24	\$0.00	\$1.87	\$2.75	\$0.00	\$2.70	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$164.66	\$78.37	\$0.00	\$15.87	\$23.31	\$0.00	\$22.87	\$7.11	\$15.57	\$1.56
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.5180</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.97								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$205.26	\$118.97	\$0.00	\$15.87	\$23.31	\$0.00	\$22.87	\$7.11	\$15.57	\$1.56
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Ahdw) x .75, up to max, or 0)	(see Policy Manual)	\$1.45	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.29		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.19	\$1.19								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.57	\$3.57								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.31	\$5.29	\$0.00	\$0.22	\$0.41	\$0.00	\$17.39	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$228.57	\$124.26	\$0.00	\$16.09	\$23.72	\$0.00	\$40.26	\$7.11	\$15.57	\$1.56
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$158.60									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Unaudited 12/31/14 Cost Report Data

FINAL

Provider: <b>PruittHealth- Eastside</b>			Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00140687A</b>			Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>			Growth Allowance: <b>N/A</b>	13.37%	Base Period Overall CMI: <b>1.4014</b>			Use Stwde	1.4014
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/20</b>			Nurse Hours per On-Site Day/Quality Incentive:			Qtrly BIMS score <b>32.0%</b>	2.5%	Quarterly Medicaid CMI: <b>1.4592</b>			1.4592	1.5382
						3.23	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4846	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operalrns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 12/31/14 C/R - FY 18 GL-PL Rpt	\$2,831,833	\$1,274,956	\$0	\$230,025	\$182,842	\$208,077	\$647,837	\$216,538	\$71,558	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	12/31/14 C/R Audit Adjstmts	(\$269,785)	\$0	\$0	\$0	\$0	\$0	(\$269,785)		(\$16,881)	\$16,881
7	Cost Center Costs After Audit Adjustments	12/31/14 Audited C/R	\$2,562,048	\$1,274,956	\$0	\$230,025	\$182,842	\$208,077	\$378,052	\$216,538	\$54,677	\$16,881
8	Total Nursing Facility Days As Filed Days = 13,874	12/31/14 Audited C/R Days	13,874									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,369	FY 18 GL-PL Ins Rpt Days								26,369		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$177.28	\$91.90	\$0.00	\$16.58	\$28.18	(with L&H)	\$27.25	\$8.21	\$3.94	\$1.22
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.4014								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.58								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$65.58	\$0.00	\$16.58	\$28.18		\$27.25	\$8.21	\$3.94	\$1.22
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.31	\$0.00	\$19.52	\$23.55		\$24.02		N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$150.45	\$65.58	\$0.00	\$16.58	\$23.55		\$24.02	\$8.21	11.29 (FRV)	\$1.22
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Allwnc %	\$17.35	\$8.77	\$0.00	\$2.22	\$3.15	\$0.00	\$3.21	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$167.80	\$74.35	\$0.00	\$18.80	\$26.70	\$0.00	\$27.23	\$8.21	\$11.29	\$1.22
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4846								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.38								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$203.83	\$110.38	\$0.00	\$18.80	\$26.70	\$0.00	\$27.23	\$8.21	\$11.29	\$1.22
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Snd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.76	\$2.76								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.31	\$3.31								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.92	\$6.60	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$227.75	\$116.98	\$0.00	\$19.02	\$26.70	\$0.00	\$44.33	\$8.21	\$11.29	\$1.22
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$157.99									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>PruittHealth - Fairburn, LLC</b>  Prvdr ID: <b>00142997A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 18.6%  Nurse Hours per On-Site Day/Quality Incentive: 3.62 </div> <div> Facility Score: N/A  Add-on Percent: 13.37%  0.0%  2.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.4922  Quarterly Medicaid CMI: 1.6891  Qtrly Mcaid CMI w RUG Wght Options: 1.7217 </div> <div> Facility Specific: 1.4922  1.6891  1.7217 </div> <div> State-wide: 1.3617  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,504,987	\$2,992,534	\$0	\$468,427	\$298,723	\$327,561	\$818,722	\$197,290	\$401,730	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$106,459)	\$0	\$0	(\$200)	(\$7,317)	(\$8,026)	(\$81,078)		(\$80,289)	\$70,451
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,398,528	\$2,992,534	\$0	\$468,227	\$291,406	\$319,535	\$737,644	\$197,290	\$321,441	\$70,451
8	Total Nursing Facility Days As Filed Days = 27,871	FY12 Audited C/R Days	27,871									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,028	FY 18 GL-PL Ins Rpt Days								27,028		
10	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$193.92	\$107.37	\$0.00	\$16.80	\$21.92	(with L&H)	\$26.47	\$7.30	\$11.53	\$2.53
11	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4922								
12	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.95								
13	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$71.95	\$0.00	\$16.80	\$21.92		\$26.47	\$7.30	\$11.53	\$2.53
14	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
15	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$154.86	\$71.51	\$0.00	\$16.80	\$21.92		\$20.56	\$7.30	14.24 (FRV)	\$2.53
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
16	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$17.49	\$9.56	\$0.00	\$2.25	\$2.93	\$0.00	\$2.75	N/A	N/A	N/A
17	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$172.35	\$81.07	\$0.00	\$19.05	\$24.85	\$0.00	\$23.31	\$7.30	\$14.24	\$2.53
18	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7217								
19	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$139.58								
20	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$230.86	\$139.58	\$0.00	\$19.05	\$24.85	\$0.00	\$23.31	\$7.30	\$14.24	\$2.53
<b>Quarterly Per Diem Add-on Amounts</b>												
21	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
22	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
23	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Sflng Add-on	\$2.79	\$2.79								
24	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
25	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.52	\$2.79	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
26	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$251.38	\$142.37	\$0.00	\$19.27	\$25.26	\$0.00	\$40.41	\$7.30	\$14.24	\$2.53
27	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$175.71									



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY13 Cost Report Data

FINAL

<div> <div> Provider: <b>PruittHealth- Fitzgerald</b>  Prvdr ID: <b>00140995A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 16.1%  Nurse Hours per On-Site Day/Quality Incentive: 3.31 </div> <div> Facility Score: N/A  Add-on Percent: 13.37%  0.0%  2.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.2807  Quarterly Medicaid CMI: 1.6311  Qtrly Mcaid CMI w RUG Wght Options: 1.6619 </div> <div> Facility Specific: 1.2807  1.6311  1.6619 </div> <div> State-wide: 1.3699  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
5	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
6	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY13 C/R	\$2,195,341	\$951,618	\$0	\$178,911	\$121,063	\$245,723	\$395,363	\$187,666	\$114,997	\$0
7	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmnts	(\$63,339)	(\$2,011)	\$0	\$0	\$0	\$0	(\$63,456)		(\$10,726)	\$12,854
8	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$2,132,002	\$949,607	\$0	\$178,911	\$121,063	\$245,723	\$331,907	\$187,666	\$104,271	\$12,854
9	Total Nursing Facility Days As Filed Days = 13,166	FY13 Audited C/R Days	13,166									
10	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,941	FY 18 GL-PL Ins Rpt Days								23,941		
11	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$155.53	\$72.13	\$0.00	\$13.59	\$27.86	(with L&H)	\$25.21	\$7.84	\$7.92	\$0.98
12	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.2807								
13	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.32								
14	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$56.32	\$0.00	\$13.59	\$27.86		\$25.21	\$7.84	\$7.92	\$0.98
15	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.90	\$0.00	\$19.14	\$23.27		\$23.46	\$0.00	N/A	
16	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$136.99	\$56.32	\$0.00	\$13.59	\$23.27		\$23.46	\$7.84	11.53 (FRV)	\$0.98
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
17	Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Allwnc %	\$15.60	\$7.53	\$0.00	\$1.82	\$3.11	\$0.00	\$3.14	N/A	N/A	N/A
18	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$152.59	\$63.85	\$0.00	\$15.41	\$26.38	\$0.00	\$26.60	\$7.84	\$11.53	\$0.98
19	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6619								
20	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.11								
21	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$194.85	\$106.11	\$0.00	\$15.41	\$26.38	\$0.00	\$26.60	\$7.84	\$11.53	\$0.98
<b>Quarterly Per Diem Add-on Amounts</b>												
22	Efficiency Add-on Per Diem ([SInd - Atwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
23	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
24	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.12	\$2.12								
25	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
26	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$19.97	\$2.65	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
27	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$214.82	\$108.76	\$0.00	\$15.63	\$26.38	\$0.00	\$43.70	\$7.84	\$11.53	\$0.98
28	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$148.29									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

**FINAL**

Provider: <b>PruittHealth - Fort Oglethorpe</b>		<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>	
Prvdr ID: <b>00214695A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>		Growth Allowance:	N/A	13.37%	Base Period Overall CMI:				1.3512	1.3617
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	18.5%	0.0%	Quarterly Medicaid CMI:				1.4130	1.5382
					3.56	2.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.4373	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,844,982	\$3,167,076	\$0	\$578,322	\$465,823	\$278,761	\$800,194	\$288,717	\$266,089	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjtsmts	(\$110,389)	(\$6,330)	\$0	(\$577)	\$1,727	\$1,033	(\$107,232)		(\$47,482)	\$48,472
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,734,593	\$3,160,746	\$0	\$577,745	\$467,550	\$279,794	\$692,962	\$288,717	\$218,607	\$48,472
8	Total Nursing Facility Days As Filed Days = 40,820	FY12 Audited C/R Days	40,820									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,031	FY 18 GL-PL Ins Rpt Days								40,031		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$140.63	\$77.43	\$0.00	\$14.15	\$18.31	(with L&H)	\$16.98	\$7.21	\$5.36	\$1.19
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<b>1.3512</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.31								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$57.31	\$0.00	\$14.15	\$18.31		\$16.98	\$7.21	\$5.36	\$1.19
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$122.73	\$57.31	\$0.00	\$14.15	\$18.31		\$16.98	\$7.21	7.58 (FRV)	\$1.19
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$14.27	\$7.66	\$0.00	\$1.89	\$2.45	\$0.00	\$2.27	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$137.00	\$64.97	\$0.00	\$16.04	\$20.76	\$0.00	\$19.25	\$7.21	\$7.58	\$1.19
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.4373</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.38								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$165.41	\$93.38	\$0.00	\$16.04	\$20.76	\$0.00	\$19.25	\$7.21	\$7.58	\$1.19
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$1.87	\$1.87								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.50	\$2.40	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$185.91</b>	<b>\$95.78</b>	<b>\$0.00</b>	<b>\$16.26</b>	<b>\$21.17</b>	<b>\$0.00</b>	<b>\$36.72</b>	<b>\$7.21</b>	<b>\$7.58</b>	<b>\$1.19</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$126.61</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

Provider: <b>PruittHealth - Franklin, Inc</b>			<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00141039A</b>			Growth Allowance:		N/A	13.37%	Base Period Overall CMI:				1.4254	1.3617
Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>			Qtrly BIMS score		39.3%	2.5%	Quarterly Medicaid CMI:				1.2724	1.5382
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/20</b>			Nurse Hours per On-Site Day/Quality Incentive:		2.86	2.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.2934	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,811,934	\$2,054,973	\$0	\$346,539	\$170,758	\$218,504	\$608,228	\$187,666	\$225,266	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$74,162)	(\$7,098)	\$0	\$0	\$0	\$0	(\$67,064)		(\$17,107)	\$17,107
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,737,772	\$2,047,875	\$0	\$346,539	\$170,758	\$218,504	\$541,164	\$187,666	\$208,159	\$17,107
8	Total Nursing Facility Days As Filed Days = 25,623	FY12 Audited C/R Days	25,623									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,269	FY 18 GL-PL Ins Rpt Days								24,269		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$146.27	\$79.92	\$0.00	\$13.52	\$15.19	(with L&H)	\$21.12	\$7.73	\$8.12	\$0.67
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.4254</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.07								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$56.07	\$0.00	\$13.52	\$15.19		\$21.12	\$7.73	\$8.12	\$0.67
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$123.45	\$56.07	\$0.00	\$13.52	\$15.19		\$20.56	\$7.73	9.71 (FRV)	\$0.67
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$14.09	\$7.50	\$0.00	\$1.81	\$2.03	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$137.54	\$63.57	\$0.00	\$15.33	\$17.22	\$0.00	\$23.31	\$7.73	\$9.71	\$0.67
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.2934</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.22								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$156.19	\$82.22	\$0.00	\$15.33	\$17.22	\$0.00	\$23.31	\$7.73	\$9.71	\$0.67
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([SInd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.06	\$2.06								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$1.64	\$1.64								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.96	\$4.23	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$178.15	\$86.45	\$0.00	\$15.55	\$17.63	\$0.00	\$40.41	\$7.73	\$9.71	\$0.67
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$120.79									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

**FINAL**

<div> <div> Provider: <b>PruittHealth-Greenville</b>  Prvdr ID: <b>00140038A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: <b>N/A</b>  Qtrly BIMS score: <b>38.4%</b>  Nurse Hours per On-Site Day/Quality Incentive: <b>2.72</b> </div> <div> Facility Score: <b>N/A</b>  Add-on Percent: <b>13.37%</b>  2.5%  2.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: <b>1.4082</b>  Quarterly Medicaid CMI: <b>1.2242</b>  Qtrly Mcaid CMI w RUG Wght Options: <b>1.2463</b> </div> <div> Facility Specific: <b>1.4082</b>  1.2242  1.2463 </div> <div> State-wide: <b>1.3617</b>  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,341,127	\$2,755,935	\$0	\$471,747	\$358,718	\$339,624	\$841,194	\$271,875	\$302,034	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$119,843)	(\$2,796)	\$0	\$0	(\$5,053)	(\$4,682)	(\$103,501)		(\$61,050)	\$57,239
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,221,284	\$2,753,139	\$0	\$471,747	\$353,665	\$334,942	\$737,693	\$271,875	\$240,984	\$57,239
8	Total Nursing Facility Days As Filed Days = 36,395	FY12 Audited C/R Days	36,395									
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	FY 18 GL-PL Ins Rpt Days Ln 7 / Ln 8 Col a	\$144.00	\$75.65	\$0.00	\$12.96	\$18.92	(with L&H)	\$20.27	33,930 \$8.01	\$6.62	\$1.57
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.4082</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.72								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$53.72	\$0.00	\$12.96	\$18.92		\$20.27	\$8.01	\$6.62	\$1.57
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$125.28	\$53.72	\$0.00	\$12.96	\$18.92		\$20.27	\$8.01	9.83 (FRV)	\$1.57
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$14.15	\$7.18	\$0.00	\$1.73	\$2.53	\$0.00	\$2.71	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$139.43	\$60.90	\$0.00	\$14.69	\$21.45	\$0.00	\$22.98	\$8.01	\$9.83	\$1.57
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.2463</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$75.90								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$154.43	\$75.90	\$0.00	\$14.69	\$21.45	\$0.00	\$22.98	\$8.01	\$9.83	\$1.57
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ({Std - Alwd} x .75, up to max, or 0)	(see Policy Manual)	\$1.38	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.22		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.90	\$1.90								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.52	\$1.52								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.90	\$3.95	\$0.00	\$0.22	\$0.41	\$0.00	\$17.32	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$176.33</b>	<b>\$79.85</b>	<b>\$0.00</b>	<b>\$14.91</b>	<b>\$21.86</b>	<b>\$0.00</b>	<b>\$40.30</b>	<b>\$8.01</b>	<b>\$9.83</b>	<b>\$1.57</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$119.42</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>PruittHealth - Griffin, LLC</b>  Prvdr ID: <b>00143052A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: <b>N/A</b>  Qtrly BIMS score: <b>40.0%</b>  Nurse Hours per On-Site Day/Quality Incentive: <b>3.53</b> </div> <div> Facility Score: <b>N/A</b>  Add-on Percent: <b>13.37%</b>  <b>2.5%</b>  <b>3.0%</b> </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: <b>1.3383</b>  Quarterly Medicaid CMI: <b>1.5640</b>  Qtrly Mcaid CMI w RUG Wght Options: <b>1.5941</b> </div> <div> Facility Specific: <b>1.3383</b>  <b>1.5640</b>  <b>1.5941</b> </div> <div> State-wide: <b>1.3617</b>  <b>1.5382</b>  <b>1.5656</b> </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,598,275	\$1,814,648	\$0	\$313,153	\$240,444	\$213,026	\$539,982	\$166,012	\$311,010	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$65,894)	(\$5,458)	\$0	(\$867)	\$147	\$480	(\$60,375)		(\$23,339)	\$23,518
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,532,381	\$1,809,190	\$0	\$312,286	\$240,591	\$213,506	\$479,607	\$166,012	\$287,671	\$23,518
8	Total Nursing Facility Days As Filed Days = 23,575	FY12 Audited C/R Days	23,575									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,296	FY 18 GL-PL Ins Rpt Days								22,296		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$150.24	\$76.74	\$0.00	\$13.25	\$19.26	(with L&H)	\$20.34	\$7.45	\$12.20	\$1.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<b>1.3383</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.34								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$57.34	\$0.00	\$13.25	\$19.26		\$20.34	\$7.45	\$12.20	\$1.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.70	\$57.34	\$0.00	\$13.25	\$19.26		\$20.34	\$7.45	8.06 (FRV)	\$1.00
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <b>13.37%</b>	Ln 14 x Grwth Allwnc %	\$14.74	\$7.67	\$0.00	\$1.77	\$2.58	\$0.00	\$2.72	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.44	\$65.01	\$0.00	\$15.02	\$21.84	\$0.00	\$23.06	\$7.45	\$8.06	\$1.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.5941</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.63								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$180.06	\$103.63	\$0.00	\$15.02	\$21.84	\$0.00	\$23.06	\$7.45	\$8.06	\$1.00
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.32	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.16		\$0.00	
21	BIMS Add-on Per Diem = <b>2.5%</b> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.59	\$2.59								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <b>3.0%</b> (to Routine Svcs)	Ln 19 Col b x Sflng Add-on	\$3.11	\$3.11								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.12	\$6.23	\$0.00	\$0.22	\$0.41	\$0.00	\$17.26	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$204.18</b>	<b>\$109.86</b>	<b>\$0.00</b>	<b>\$15.24</b>	<b>\$22.25</b>	<b>\$0.00</b>	<b>\$40.32</b>	<b>\$7.45</b>	<b>\$8.06</b>	<b>\$1.00</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$140.31</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

Provider: <b>PruittHealth -Holly Hill</b>			<u>Add-on Data and Percentages</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00141479A</b>			Growth Allowance:			N/A	13.37%	Base Period Overall CMI:			1.4465	1.3617
Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>			Qtrly BIMS score			10.5%	0.0%	Quarterly Medicaid CMI:			1.5592	1.5382
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/20</b>			Nurse Hours per On-Site Day/Quality Incentive:			4.12	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5875	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,983,322	\$2,933,620	\$0	\$449,638	\$351,262	\$202,780	\$638,605	\$240,597	\$166,820	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$96,536)	(\$4,473)	\$0	\$0	(\$1,191)	(\$1,009)	(\$89,370)		(\$21,364)	\$20,871
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,886,786	\$2,929,147	\$0	\$449,638	\$350,071	\$201,771	\$549,235	\$240,597	\$145,456	\$20,871
8	Total Nursing Facility Days As Filed Days = 31,903	FY12 Audited C/R Days	31,903									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,960	FY 18 GL-PL Ins Rpt Days								30,960		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$153.40	\$91.81	\$0.00	\$14.09	\$17.30	(with L&H)	\$17.22	\$7.77	\$4.56	\$0.65
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.4465</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.47								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$63.47	\$0.00	\$14.09	\$17.30		\$17.22	\$7.77	\$4.56	\$0.65
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$129.41	\$63.47	\$0.00	\$14.09	\$17.30		\$17.22	\$7.77	8.91 (FRV)	\$0.65
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$14.98	\$8.49	\$0.00	\$1.88	\$2.31	\$0.00	\$2.30	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$144.39	\$71.96	\$0.00	\$15.97	\$19.61	\$0.00	\$19.52	\$7.77	\$8.91	\$0.65
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.5875</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.24								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$186.67	\$114.24	\$0.00	\$15.97	\$19.61	\$0.00	\$19.52	\$7.77	\$8.91	\$0.65
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$3.43	\$3.43								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.06	\$3.96	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$208.73	\$118.20	\$0.00	\$16.19	\$20.02	\$0.00	\$36.99	\$7.77	\$8.91	\$0.65
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$143.72									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>PruittHealth -Jasper</b>  Prvdr ID: <b>00142436A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 14.7%  Nurse Hours per On-Site Day/Quality Incentive: 3.72 </div> <div> Facility Score: N/A  Add-on Percent: 13.37%  0.0%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.5432  Quarterly Medicaid CMI: 1.5586  Qtrly Mcaid CMI w RUG Wght Options: 1.5879 </div> <div> Facility Specific: 1.5432  1.5586  1.5879 </div> <div> State-wide: 1.3617  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpg	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,489,198	\$1,791,839	\$0	\$318,216	\$240,656	\$235,571	\$521,067	\$144,358	\$237,491	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$64,230)	(\$1,144)	\$0	(\$105)	(\$2,408)	(\$2,401)	(\$55,212)		(\$44,522)	\$41,562
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,424,968	\$1,790,695	\$0	\$318,111	\$238,248	\$233,170	\$465,855	\$144,358	\$192,969	\$41,562
8	Total Nursing Facility Days As Filed Days = 19,472	FY12 Audited C/R Days	19,472									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,054	FY 18 GL-PL Ins Rpt Days								19,054		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$176.05	\$91.96	\$0.00	\$16.34	\$24.21	(with L&H)	\$23.92	\$7.58	\$9.91	\$2.13
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5432								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.59								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$59.59	\$0.00	\$16.34	\$24.21		\$23.92	\$7.58	\$9.91	\$2.13
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$147.14	\$59.59	\$0.00	\$16.34	\$23.09		\$20.56	\$7.58	17.85 (FRV)	\$2.13
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$15.99	\$7.97	\$0.00	\$2.18	\$3.09	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$163.13	\$67.56	\$0.00	\$18.52	\$26.18	\$0.00	\$23.31	\$7.58	\$17.85	\$2.13
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5879								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	\$107.28									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.85	\$107.28	\$0.00	\$18.52	\$26.18	\$0.00	\$23.31	\$7.58	\$17.85	\$2.13
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Snd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.22	\$3.22								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.07	\$3.75	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$223.92	\$111.03	\$0.00	\$18.74	\$26.18	\$0.00	\$40.41	\$7.58	\$17.85	\$2.13
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$155.12									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>PruittHealth -Lafayette, LLC</b>  Prvdr ID: <b>00254394A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 25.7%  Nurse Hours per On-Site Day/Quality Incentive: 2.87 </div> <div> Facility Score: N/A  Add-on Percent: 13.37%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.2862  Quarterly Medicaid CMI: 1.5350  Qtrly Mcaid CMI w RUG Wght Options: 1.5632 </div> <div> Facility Specific: 1.2862  1.5350  1.5632 </div> <div> State-wide: 1.3617  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
3	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,937,452	\$2,647,154	\$0	\$487,285	\$349,490	\$267,630	\$698,980	\$240,597	\$246,316	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$93,574)	(\$9,162)	\$0	(\$1,591)	\$1,750	(\$1,029)	(\$84,777)		(\$19,897)	\$21,132
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,843,878	\$2,637,992	\$0	\$485,694	\$351,240	\$266,601	\$614,203	\$240,597	\$226,419	\$21,132
8	Total Nursing Facility Days As Filed Days = 32,593	FY12 Audited C/R Days	32,593									
8	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,261	FY 18 GL-PL Ins Rpt Days								29,261		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$149.46	\$80.94	\$0.00	\$14.90	\$18.96	(with L&H)	\$18.84	\$8.22	\$6.95	\$0.65
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2862								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.93								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$62.93	\$0.00	\$14.90	\$18.96		\$18.84	\$8.22	\$6.95	\$0.65
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$132.23	\$62.93	\$0.00	\$14.90	\$18.96		\$18.84	\$8.22	7.73 (FRV)	\$0.65
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$15.45	\$8.41	\$0.00	\$1.99	\$2.53	\$0.00	\$2.52	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$147.68	\$71.34	\$0.00	\$16.89	\$21.49	\$0.00	\$21.36	\$8.22	\$7.73	\$0.65
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5632								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.52								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.86	\$111.52	\$0.00	\$16.89	\$21.49	\$0.00	\$21.36	\$8.22	\$7.73	\$0.65
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([SInd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.12	\$1.12								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.35	\$3.35								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.10	\$5.00	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$210.96	\$116.52	\$0.00	\$17.11	\$21.90	\$0.00	\$38.83	\$8.22	\$7.73	\$0.65
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$145.40									



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

**FINAL**

Provider: <b>PruittHealth - Lakehaven</b>			<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00141721A</b>			Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>		Growth Allowance: <b>N/A</b>	13.37%	Base Period Overall CMI: <b>1.4944</b>				1.4944	1.3617
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/20</b>			Nurse Hours per On-Site Day/Quality Incentive: <b>3.07</b>		Qtrly BIMS score <b>25.9%</b>	1.0%	Quarterly Medicaid CMI: <b>1.5432</b>				1.5432	1.5382
					3.0%		Qtrly Mcaid CMI w RUG Wght Options: <b>1.5712</b>				1.5712	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,802,486	\$2,808,236	\$0	\$455,377	\$290,503	\$209,303	\$661,892	\$216,538	\$160,637	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$85,328)	(\$6,292)	\$0	\$0	\$0	(\$1,472)	(\$77,564)		(\$25,340)	\$25,340
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,717,158	\$2,801,944	\$0	\$455,377	\$290,503	\$207,831	\$584,328	\$216,538	\$135,297	\$25,340
8	Total Nursing Facility Days As Filed Days = 31,097	FY12 Audited C/R Days	31,097									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,418	FY 18 GL-PL Ins Rpt Days								30,418		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$151.84	\$90.10	\$0.00	\$14.64	\$16.03	(with L&H)	\$18.79	\$7.12	\$4.35	\$0.81
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.4944</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.29								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AIOthr = Ln 9		\$60.29	\$0.00	\$14.64	\$16.03		\$18.79	\$7.12	\$4.35	\$0.81
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$124.89	\$60.29	\$0.00	\$14.64	\$16.03		\$18.79	\$7.12	7.21 (FRV)	\$0.81
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Alhwn %	\$14.67	\$8.06	\$0.00	\$1.96	\$2.14	\$0.00	\$2.51	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$139.56	\$68.35	\$0.00	\$16.60	\$18.17	\$0.00	\$21.30	\$7.12	\$7.21	\$0.81
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.5712</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.39								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AIOthr = Ln 16	\$178.60	\$107.39	\$0.00	\$16.60	\$18.17	\$0.00	\$21.30	\$7.12	\$7.21	\$0.81
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.07	\$1.07								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.22	\$3.22								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.92	\$4.82	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$201.52	\$112.21	\$0.00	\$16.82	\$18.58	\$0.00	\$38.77	\$7.12	\$7.21	\$0.81
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$138.32									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

Provider: <b>PruittHealth - Lanier</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00140456A</b>				Growth Allowance:		N/A	13.37%	Base Period Overall CMI:			1.4690	1.3617
Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>				Qtrly BIMS score		31.9%	2.5%	Quarterly Medicaid CMI:			1.3867	1.5382
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/20</b>				Nurse Hours per On-Site Day/Quality Incentive:		2.93	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4090	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatlns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,130,722	\$3,379,589	\$0	\$531,864	\$406,769	\$259,301	\$855,162	\$281,499	\$416,538	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$139,413)	(\$11,236)	\$0	\$0	(\$1,408)	(\$1,043)	(\$124,288)		(\$53,719)	\$52,281
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,991,309	\$3,368,353	\$0	\$531,864	\$405,361	\$258,258	\$730,874	\$281,499	\$362,819	\$52,281
8	Total Nursing Facility Days As Filed Days = 38,430	FY12 Audited C/R Days	38,430									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,046	FY 18 GL-PL Ins Rpt Days								33,046		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$157.10	\$87.65	\$0.00	\$13.84	\$17.27	(with L&H)	\$19.02	\$8.52	\$9.44	\$1.36
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.4690</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.67								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$59.67	\$0.00	\$13.84	\$17.27		\$19.02	\$8.52	\$9.44	\$1.36
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$128.53	\$59.67	\$0.00	\$13.84	\$17.27		\$19.02	\$8.52	8.85 (FRV)	\$1.36
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Alhnc %	\$14.68	\$7.98	\$0.00	\$1.85	\$2.31	\$0.00	\$2.54	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$143.21	\$67.65	\$0.00	\$15.69	\$19.58	\$0.00	\$21.56	\$8.52	\$8.85	\$1.36
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.4090</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.32								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$170.88	\$95.32	\$0.00	\$15.69	\$19.58	\$0.00	\$21.56	\$8.52	\$8.85	\$1.36
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Snd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.38	\$2.38								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.86	\$2.86								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.87	\$5.77	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$194.75	\$101.09	\$0.00	\$15.91	\$19.99	\$0.00	\$39.03	\$8.52	\$8.85	\$1.36
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$133.24									

Provider: <b>PruittHealth - Laurel Park</b> Prvdr ID: <b>00908553A</b> Case Mix Per Diem Rate Effective Date: <b>04/01/21</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/20</b>												
Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Growth Allowance:				N/A	13.37%	Base Period Overall CMI:				1.2708	1.3617	
Qtrly Cognitive Performance Scale:				7.7%	0.0%	Quarterly Medicaid CMI:				1.4846	1.5438	
Nurse Hours per On-Site Day/Quality Incentive:				3.52	2.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.5138	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskprng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b>	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)	90.0%	90.0%	90.0%	85.0%			50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)	100.0%	100.0%	100.0%	100.0%			105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)	\$0.53	\$0.00	\$0.22	\$0.41			\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	FY2012 C/R -FY 2018 GL-PL Rpt	\$1,951,062	\$921,724	\$0	\$129,053	\$104,115	\$150,194	\$390,704	224,989	\$30,283	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	\$0	\$0	\$0	\$0	\$0	\$0	\$0		(\$11,159)	\$11,159
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$1,726,073	\$921,724	\$0	\$129,053	\$104,115	\$150,194	\$390,704		\$19,124	\$11,159
8	Total Nursing Facility Days As Filed Days = 7,283	FY12 Audited C/R Days	7,283									
<b>Total Nursing Facility Days GL-PL Ins. Rpt</b>												
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$244.36	\$126.56	\$0.00	\$17.72	\$34.92	(with L&H)	\$53.65	30,556	\$2.63	\$1.53
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2708						7.36		
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$99.59								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllQthr = Ln 9		\$99.59	\$0.00	\$17.72	\$34.92		\$53.65	\$7.36	\$2.63	\$1.53
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56		NA	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$144.40	\$71.51		\$17.72	\$23.09		\$20.56	\$7.36	\$2.63	\$1.53
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$17.77	\$9.56	\$0.00	\$2.37	\$3.09	\$0.00	\$2.75		N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$162.16	\$81.07	\$0.00	\$20.09	\$26.18	\$0.00	\$23.31	\$7.36	\$22.93	\$1.53
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5138							(FRV)	
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$122.73								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllQthr = Ln 16	\$224.12	\$122.73	\$0.00	\$20.09	\$26.18	\$0.00	\$23.31	\$7.36	\$22.93	\$1.53
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00		\$0.22	\$0.00		\$0.00		NA	
21	Cognitiv Perfrm Scale Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.45	\$2.45								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$19.77	\$2.45	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$243.90	\$125.18	\$0.00	\$20.31	\$26.18	\$0.00	\$40.41	\$7.36	\$22.93	\$1.53
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$170.10									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>PruittHealth -Lilburn, LLC</b>  Prvdr ID: <b>00145527A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 41.2%  Nurse Hours per On-Site Day/Quality Incentive: 3.79 </div> <div> Facility Score: N/A  Add-on Percent: 13.37%  2.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.4971  Quarterly Medicaid CMI: 1.7544  Qtrly Mcaid CMI w RUG Wght Options: 1.7860 </div> <div> Facility Specific: 1.4971  1.7544  1.7860 </div> <div> State-wide: 1.3617  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
3	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,921,988	\$4,521,861	\$0	\$739,167	\$558,342	\$428,180	\$990,593	\$365,708	\$318,137	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$156,135)	(\$2,080)	\$0	\$0	(\$2,822)	(\$5,475)	(\$143,736)		(\$84,953)	\$82,931
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,765,853	\$4,519,781	\$0	\$739,167	\$555,520	\$422,705	\$846,857	\$365,708	\$233,184	\$82,931
8	Total Nursing Facility Days As Filed Days = 50,561	FY12 Audited C/R Days	50,561									
8	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 49,357	FY 18 GL-PL Ins Rpt Days								49,357		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$153.77	\$89.39	\$0.00	\$14.62	\$19.35	(with L&H)	\$16.75	\$7.41	\$4.61	\$1.64
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4971								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.71								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$59.71	\$0.00	\$14.62	\$19.35		\$16.75	\$7.41	\$4.61	\$1.64
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.86	\$59.71	\$0.00	\$14.62	\$19.35		\$16.75	\$7.41	7.38 (FRV)	\$1.64
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14.76	\$7.98	\$0.00	\$1.95	\$2.59	\$0.00	\$2.24	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.62	\$67.69	\$0.00	\$16.57	\$21.94	\$0.00	\$18.99	\$7.41	\$7.38	\$1.64
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7860								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.89								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$194.82	\$120.89	\$0.00	\$16.57	\$21.94	\$0.00	\$18.99	\$7.41	\$7.38	\$1.64
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.02	\$3.02								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Sflng Add-on	\$3.63	\$3.63								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.28	\$7.18	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$220.10	\$128.07	\$0.00	\$16.79	\$22.35	\$0.00	\$36.46	\$7.41	\$7.38	\$1.64
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$152.25									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>PruittHealth -Macon, LLC</b>  Prvdr ID: <b>00141908A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 29.4%  Nurse Hours per On-Site Day/Quality Incentive: 3.25 </div> <div> Facility Score: N/A  Add-on Percent: 13.37%  1.0%  2.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.4638  Quarterly Medicaid CMI: 1.4421  Qtrly Mcaid CMI w RUG Wght Options: 1.4677 </div> <div> Facility Specific: 1.4638  1.4421  1.4677 </div> <div> State-wide: 1.3617  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$11,857,372	\$6,829,497	\$0	\$921,338	\$874,444	\$653,027	\$1,547,849	\$548,562	\$482,655	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$240,269)	(\$23,336)	\$0	\$0	(\$247)	\$55,018	(\$271,704)		(\$133,221)	\$133,221
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$11,617,103	\$6,806,161	\$0	\$921,338	\$874,197	\$708,045	\$1,276,145	\$548,562	\$349,434	\$133,221
8	Total Nursing Facility Days As Filed Days = 75,230	FY12 Audited C/R Days	68,796									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 67,330	FY 18 GL-PL Ins Rpt Days								67,330		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$169.04	\$98.93	\$0.00	\$13.39	\$23.00	(with L&H)	\$18.55		\$5.08	\$1.94
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4638								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.58								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$67.58	\$0.00	\$13.39	\$23.00		\$18.55	\$8.15	\$5.08	\$1.94
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$140.97	\$67.58	\$0.00	\$13.39	\$23.00		\$18.55	\$8.15	8.36 (FRV)	\$1.94
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$16.39	\$9.04	\$0.00	\$1.79	\$3.08	\$0.00	\$2.48	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$157.36	\$76.62	\$0.00	\$15.18	\$26.08	\$0.00	\$21.03	\$8.15	\$8.36	\$1.94
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4677								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	\$112.46									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193.20	\$112.46	\$0.00	\$15.18	\$26.08	\$0.00	\$21.03	\$8.15	\$8.36	\$1.94
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Atwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.19	\$0.53	\$0.00	\$0.22	\$0.07	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.12	\$1.12								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.25	\$2.25								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.66	\$3.90	\$0.00	\$0.22	\$0.07	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$214.86	\$116.36	\$0.00	\$15.40	\$26.15	\$0.00	\$38.50	\$8.15	\$8.36	\$1.94
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$148.32									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>PruittHealth - Magnolia Manor</b>  Prvdr ID: <b>00252007A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 30.0%  Nurse Hours per On-Site Day/Quality Incentive: 3.68 </div> <div> Facility Score: N/A  Add-on Percent: 13.37%  2.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.4894  Quarterly Medicaid CMI: 1.7115  Qtrly Mcald CMI w RUG Wght Options: 1.7414 </div> <div> Facility Specific: 1.4894  1.7115  1.7414 </div> <div> State-wide: 1.3617  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R - FY 2018 GL-PL Rpt	\$6,467,213	\$3,139,685	\$0	\$631,640	\$340,257	\$408,626	\$878,818	\$240,597	\$827,590	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$95,616)	(\$1,858)	\$0	(\$220)	(\$550)	\$0	(\$92,988)		(\$122,467)	\$122,467
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,371,597	\$3,137,827	\$0	\$631,420	\$339,707	\$408,626	\$785,830	\$240,597	\$705,123	\$122,467
8	Total Nursing Facility Days As Filed Days = 32,413	FY12 Audited C/R Days	32,413									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,284	FY 18 GL-PL Ins Rpt Days								32,284		
10	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$196.60	\$96.81	\$0.00	\$19.48	\$23.09	(with L&H)	\$24.24	\$7.45	\$21.75	\$3.78
11	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4894								
12	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.00								
13	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$65.00	\$0.00	\$19.48	\$23.09		\$24.24	\$7.45	\$21.75	\$3.78
14	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
15	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$166.36	\$65.00	\$0.00	\$18.41	\$23.09		\$20.56	\$7.45	28.07 (FRV)	\$3.78
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
16	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$16.99	\$8.69	\$0.00	\$2.46	\$3.09	\$0.00	\$2.75	N/A	N/A	N/A
17	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$183.35	\$73.69	\$0.00	\$20.87	\$26.18	\$0.00	\$23.31	\$7.45	\$28.07	\$3.78
18	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7414								
19	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$128.32								
20	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$237.98	\$128.32	\$0.00	\$20.87	\$26.18	\$0.00	\$23.31	\$7.45	\$28.07	\$3.78
<b>Quarterly Per Diem Add-on Amounts</b>												
21	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
22	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.21	\$3.21								
23	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.85	\$3.85								
24	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
25	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.69	\$7.59	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
26	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$262.67	\$135.91	\$0.00	\$20.87	\$26.18	\$0.00	\$40.41	\$7.45	\$28.07	\$3.78
27	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$184.18									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY13 Cost Report Data

FINAL

Provider: <b>PruittHealth- Marietta</b> Prvdr ID: <b>00202507A</b>			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: <b>04/01/21</b>			Growth Allowance: <b>N/A</b>		<b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.2754</b>				<b>1.3699</b>	<b>1.3699</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/20</b>			Qtrly BIMS score <b>42.7%</b>		<b>2.5%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.7140</b>				<b>1.5382</b>	<b>1.5382</b>
Nurse Hours per On-Site Day/Quality Incentive: <b>3.37</b>					<b>3.37</b>	<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.7446</b>				<b>1.5656</b>	<b>1.5656</b>
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY13 C/R	\$3,693,187	\$1,767,178	\$0	\$324,734	\$172,319	\$198,133	\$591,297	\$286,311	\$353,215	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	(\$99,058)	(\$1,336)	\$0	(\$1,490)	(\$590)	(\$753)	(\$95,857)		(\$28,397)	\$29,365
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$3,594,129	\$1,765,842	\$0	\$323,244	\$171,729	\$197,380	\$495,440	\$286,311	\$324,818	\$29,365
8	Total Nursing Facility Days As Filed Days = 19,843	FY13 Audited C/R Days	19,843									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,456	FY 18 GL-PL Ins Rpt Days								40,456		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$173.78	\$88.99	\$0.00	\$16.29	\$18.60	(with L&H)	\$24.97	\$7.08	\$16.37	\$1.48
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.2754								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.78								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$69.78	\$0.00	\$16.29	\$18.60		\$24.97	\$7.08	\$16.37	\$1.48
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.90	\$0.00	\$19.14	\$23.27		\$23.46	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$152.60	\$69.78	\$0.00	\$16.29	\$18.60		\$23.46	\$7.08	15.91 (FRV)	\$1.48
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Allwnc %	\$17.14	\$9.33	\$0.00	\$2.18	\$2.49	\$0.00	\$3.14	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$169.74	\$79.11	\$0.00	\$18.47	\$21.09	\$0.00	\$26.60	\$7.08	\$15.91	\$1.48
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7446								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$138.02								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$228.65	\$138.02	\$0.00	\$18.47	\$21.09	\$0.00	\$26.60	\$7.08	\$15.91	\$1.48
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.45	\$3.45								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.76	\$2.76								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.47	\$6.74	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$253.12	\$144.76	\$0.00	\$18.69	\$21.50	\$0.00	\$43.70	\$7.08	\$15.91	\$1.48
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$177.02									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>PruittHealth - Millen</b>  Prvdr ID: <b>00140269A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: <b>N/A</b>  Qtrly BIMS score: <b>37.7%</b>  Nurse Hours per On-Site Day/Quality Incentive: <b>3.78</b> </div> <div> Facility Score: <b>N/A</b>  Add-on Percent: <b>13.37%</b>  2.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: <b>1.5517</b>  Quarterly Medicaid CMI: <b>1.7085</b>  Qtrly Mcaid CMI w RUG Wght Options: <b>1.7398</b> </div> <div> Facility Specific: <b>1.5517</b>  1.7085  1.7398 </div> <div> State-wide: <b>1.3617</b>  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2016 GL-PL Rpt	\$4,352,163	\$2,217,000	\$0	\$455,767	\$279,794	\$289,272	\$715,657	\$240,597	\$154,076	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$133,526)	(\$1,536)	\$0	(\$1,020)	\$0	(\$214)	(\$123,095)		(\$26,023)	\$18,362
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,218,637	\$2,215,464	\$0	\$454,747	\$279,794	\$289,058	\$592,562	\$240,597	\$128,053	\$18,362
8	Total Nursing Facility Days As Filed Days = 30,270	FY12 Audited C/R Days	30,270									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,649	FY 18 GL-PL Ins Rpt Days								29,649		
10	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$139.53	\$73.19	\$0.00	\$15.02	\$18.79	(with L&H)	\$19.58	\$8.11	\$4.23	\$0.61
11	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5517								
12	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.17								
13	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$47.17	\$0.00	\$15.02	\$18.79		\$19.58	\$8.11	\$4.23	\$0.61
14	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
15	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$124.40	\$47.17	\$0.00	\$15.02	\$18.79		\$19.58	\$8.11	15.12 (FRV)	\$0.61
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
16	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Alhwc %	\$13.45	\$6.31	\$0.00	\$2.01	\$2.51	\$0.00	\$2.62	N/A	N/A	N/A
17	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$137.85	\$53.48	\$0.00	\$17.03	\$21.30	\$0.00	\$22.20	\$8.11	\$15.12	\$0.61
18	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7398								
19	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.04								
20	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.41	\$93.04	\$0.00	\$17.03	\$21.30	\$0.00	\$22.20	\$8.11	\$15.12	\$0.61
<b>Quarterly Per Diem Add-on Amounts</b>												
21	Efficiency Add-on Per Diem ((Sind - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
22	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.33	\$2.33								
23	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.79	\$2.79								
24	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
25	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.75	\$5.65	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
26	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$201.16	\$98.69	\$0.00	\$17.25	\$21.71	\$0.00	\$39.67	\$8.11	\$15.12	\$0.61
27	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$138.05									



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>PruittHealth - Monroe, LLC</b>  Prvdr ID: <b>00141468A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: <b>N/A</b>  Qtrly BIMS score: <b>36.2%</b>  Nurse Hours per On-Site Day/Quality Incentive: <b>3.63</b> </div> <div> Facility Score: <b>N/A</b>  Add-on Percent: <b>13.37%</b>  2.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: <b>1.2064</b>  Quarterly Medicaid CMI: <b>1.4326</b>  Qtrly Mcaid CMI w RUG Wght Options: <b>1.4565</b> </div> <div> Facility Specific: <b>1.2064</b>  1.4326  1.4565 </div> <div> State-wide: <b>1.3617</b>  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,654,415	\$2,010,478	\$0	\$317,824	\$273,019	\$299,773	\$493,783	\$199,696	\$59,842	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$87,423)	(\$9,313)	\$0	(\$452)	\$0	(\$839)	(\$76,819)		(\$17,824)	\$17,824
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,566,992	\$2,001,165	\$0	\$317,372	\$273,019	\$298,934	\$416,964	\$199,696	\$42,018	\$17,824
8	Total Nursing Facility Days As Filed Days = 24,301	FY12 Audited C/R Days	24,301									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,782	FY 18 GL-PL Ins Rpt Days								26,782		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$146.03	\$82.35	\$0.00	\$13.06	\$23.54	(with L&H)	\$17.16	\$7.46	\$1.73	\$0.73
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2064								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.26								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$68.26	\$0.00	\$13.06	\$23.54		\$17.16	\$7.46	\$1.73	\$0.73
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$139.45	\$68.26	\$0.00	\$13.06	\$23.09		\$17.16	\$7.46	9.69 (FRV)	\$0.73
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Altwnc %	\$16.26	\$9.13	\$0.00	\$1.75	\$3.09	\$0.00	\$2.29	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$155.71	\$77.39	\$0.00	\$14.81	\$26.18	\$0.00	\$19.45	\$7.46	\$9.69	\$0.73
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4565								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.72								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$191.04	\$112.72	\$0.00	\$14.81	\$26.18	\$0.00	\$19.45	\$7.46	\$9.69	\$0.73
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((SInd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.82	\$2.82								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$3.38	\$3.38								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.42	\$6.73	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$215.46</b>	<b>\$119.45</b>	<b>\$0.00</b>	<b>\$15.03</b>	<b>\$26.18</b>	<b>\$0.00</b>	<b>\$36.92</b>	<b>\$7.46</b>	<b>\$9.69</b>	<b>\$0.73</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$148.77</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

**FINAL**

<div> <div> Provider: <b>PruittHealth - Moultrie</b>  Prvdr ID: <b>00142095A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: <b>N/A</b>  Qtrly BIMS score: <b>23.9%</b>  Nurse Hours per On-Site Day/Quality Incentive: <b>3.77</b> </div> <div> Facility Score: <b>N/A</b>  Add-on Percent: <b>13.37%</b>  1.0%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: <b>1.4840</b>  Quarterly Medicaid CMI: <b>1.3902</b>  Qtrly Mcaid CMI w RUG Wght Options: <b>1.4176</b> </div> <div> Facility Specific: <b>1.4840</b>  1.3902  1.4176 </div> <div> State-wide: <b>1.3617</b>  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,886,734	\$1,814,293	\$0	\$336,184	\$285,278	\$234,537	\$563,197	\$163,606	\$489,639	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$68,459)	(\$5,284)	\$0	(\$880)	\$0	\$0	(\$62,295)		(\$12,027)	\$12,027
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,818,275	\$1,809,009	\$0	\$335,304	\$285,278	\$234,537	\$500,902	\$163,606	\$477,612	\$12,027
8	Total Nursing Facility Days As Filed Days = 22,836	FY12 Audited C/R Days	22,836									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,376	FY 18 GL-PL Ins Rpt Days								23,376		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$167.03	\$79.22	\$0.00	\$14.68	\$22.76	(with L&H)	\$21.93	\$7.00	\$20.91	\$0.53
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<b>1.4840</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.38								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$53.38	\$0.00	\$14.68	\$22.76		\$21.93	\$7.00	\$20.91	\$0.53
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$137.47	\$53.38	\$0.00	\$14.68	\$22.76		\$20.56	\$7.00	18.56 (FRV)	\$0.53
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14.89	\$7.14	\$0.00	\$1.96	\$3.04	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$152.36	\$60.52	\$0.00	\$16.64	\$25.80	\$0.00	\$23.31	\$7.00	\$18.56	\$0.53
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.4176</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$85.79								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.63	\$85.79	\$0.00	\$16.64	\$25.80	\$0.00	\$23.31	\$7.00	\$18.56	\$0.53
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem (Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.00	\$0.53	\$0.00	\$0.22	\$0.25	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.86	\$0.86								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.57	\$2.57								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.53	\$3.96	\$0.00	\$0.22	\$0.25	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$199.16	\$89.75	\$0.00	\$16.86	\$26.05	\$0.00	\$40.41	\$7.00	\$18.56	\$0.53
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$136.55									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY13 Cost Report Data

FINAL

Provider: <b>PruittHealth- Ocilla</b> Prvdr ID: <b>00142315A</b>			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: <b>04/01/21</b>			Growth Allowance:		N/A	13.37%	Base Period Overall CMI:				1.2894	1.3699
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/20</b>			Qtrly BIMS score		31.9%	2.5%	Quarterly Medicaid CMI:				1.7546	1.5382
			Nurse Hours per On-Site Day/Quality Incentive:		4.52	2.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.7885	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY13 C/R	\$2,182,584	\$1,021,452	\$0	\$189,330	\$134,583	\$156,353	\$367,726	\$199,696	\$113,444	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmnts	(\$66,843)	(\$596)	\$0	(\$1,057)	\$0	\$0	(\$73,521)		(\$4,692)	\$13,023
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$2,115,741	\$1,020,856	\$0	\$188,273	\$134,583	\$156,353	\$294,205	\$199,696	\$108,752	\$13,023
8	Total Nursing Facility Days As Filed Days = 12,967	FY13 Audited C/R Days	12,967									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,080	FY 18 GL-PL Ins Rpt Days								23,080		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$156.42	\$78.73	\$0.00	\$14.52	\$22.44	(with L&H)	\$22.69	\$8.65	\$8.39	\$1.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.2894								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.06								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$61.06	\$0.00	\$14.52	\$22.44		\$22.69	\$8.65	\$8.39	\$1.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.90	\$0.00	\$19.14	\$23.27		\$23.46	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$139.31	\$61.06	\$0.00	\$14.52	\$22.44		\$22.69	\$8.65	8.95 (FRV)	\$1.00
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Alhwc %	\$16.13	\$8.16	\$0.00	\$1.94	\$3.00	\$0.00	\$3.03	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$155.44	\$69.22	\$0.00	\$16.46	\$25.44	\$0.00	\$25.72	\$8.65	\$8.95	\$1.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7885								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$123.80								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$210.02	\$123.80	\$0.00	\$16.46	\$25.44	\$0.00	\$25.72	\$8.65	\$8.95	\$1.00
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([SInd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.10	\$3.10								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$2.48	\$2.48								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.21	\$6.11	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$234.23	\$129.91	\$0.00	\$16.68	\$25.85	\$0.00	\$43.19	\$8.65	\$8.95	\$1.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$162.85									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>PruittHealth - Old Capitol</b>  Prvdr ID: <b>00142304A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 32.1%  Nurse Hours per On-Site Day/Quality Incentive: 2.89 </div> <div> Add-on Percent: 13.37%  2.5%  2.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.2935  Quarterly Medicaid CMI: 1.3695  Qtrly Mcaid CMI w RUG Wght Options: 1.3930 </div> <div> Facility Specific: 1.2935  1.3695  1.3930 </div> <div> State-wide: 1.3617  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R - FY 2018 GL-PL Rpt	\$5,892,389	\$2,956,703	\$0	\$535,070	\$480,839	\$285,393	\$776,842	\$344,054	\$513,488	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$147,523)	(\$6,095)	\$0	(\$1,602)	(\$4,084)	(\$2,989)	(\$128,395)		(\$62,054)	\$57,696
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,744,866	\$2,950,608	\$0	\$533,468	\$476,755	\$282,404	\$648,447	\$344,054	\$451,434	\$57,696
8	Total Nursing Facility Days As Filed Days = 45,401	FY12 Audited C/R Days	45,401									
8	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 42,972	FY 18 GL-PL Ins Rpt Days								42,972		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$126.96	\$64.99	\$0.00	\$11.75	\$16.72	(with L&H)	\$14.28	\$8.01	\$9.94	\$1.27
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2935								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.24								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$50.24	\$0.00	\$11.75	\$16.72		\$14.28	\$8.01	\$9.94	\$1.27
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$110.25	\$50.24	\$0.00	\$11.75	\$16.72		\$14.28	\$8.01	7.98 (FRV)	\$1.27
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$12.44	\$6.72	\$0.00	\$1.57	\$2.24	\$0.00	\$1.91	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$122.69	\$56.96	\$0.00	\$13.32	\$18.96	\$0.00	\$16.19	\$8.01	\$7.98	\$1.27
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qlr End		1.3930								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$79.35								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$145.08	\$79.35	\$0.00	\$13.32	\$18.96	\$0.00	\$16.19	\$8.01	\$7.98	\$1.27
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.98	\$1.98								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.59	\$1.59								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.20	\$4.10	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$167.28	\$83.45	\$0.00	\$13.54	\$19.37	\$0.00	\$33.66	\$8.01	\$7.98	\$1.27
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$112.64									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Unaudited 12/31/14 Cost Report Data

FINAL

Provider: <b>PruittHealth - Palmyra</b>			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: <b>00142337A</b>			Growth Allowance: N/A		35.0%	13.37%	Base Period Overall CMI: 1.3544				1.3544	1.4014
Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>			Qtrly BIMS score		2.5%	2.5%	Quarterly Medicaid CMI: 1.5639				1.5639	1.5382
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/20</b>			Nurse Hours per On-Site Day/Quality Incentive: 3.69		2.0%	2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5933				1.5933	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 12/31/14 C/R - FY 18 GL-PL Rpt	\$10,035,853	\$4,372,266	\$0	\$838,307	\$608,158	\$932,237	\$2,158,384	\$601,493	\$525,008	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	12/31/14 C/R Audit Adjstmnts	(\$1,099,099)	\$0	\$0	\$0	\$0	\$0	(\$1,099,099)		(\$37,252)	\$37,252
7	Cost Center Costs After Audit Adjustments	12/31/14 Audited C/R	\$8,936,754	\$4,372,266	\$0	\$838,307	\$608,158	\$932,237	\$1,059,285	\$601,493	\$487,756	\$37,252
8	Total Nursing Facility Days As Filed Days = 60,292	12/31/14 Audited C/R Days	60,292									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 79,384	FY 18 GL-PL Ins Rpt Days								79,384		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$145.83	\$72.52	\$0.00	\$13.90	\$25.55	(with L&H)	\$17.57	\$7.58	\$8.09	\$0.62
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		<u>1.3544</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.54								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$53.54	\$0.00	\$13.90	\$25.55		\$17.57	\$7.58	\$8.09	\$0.62
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.31	\$0.00	\$19.52	\$23.55		\$24.02		N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$125.47	\$53.54	\$0.00	\$13.90	\$23.55		\$17.57	\$7.58	8.71 (FRV)	\$0.62
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.4%</u>	Ln 14 x Grwth Allwnc %	\$14.52	\$7.16	\$0.00	\$1.86	\$3.15	\$0.00	\$2.35	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$139.99	\$60.70	\$0.00	\$15.76	\$26.70	\$0.00	\$19.92	\$7.58	\$8.71	\$0.62
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.5933</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.71								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$176.00	\$96.71	\$0.00	\$15.76	\$26.70	\$0.00	\$19.92	\$7.58	\$8.71	\$0.62
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Ahdw) x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.42	\$2.42								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.93	\$1.93								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.57	\$4.88	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$198.57	\$101.59	\$0.00	\$15.98	\$26.70	\$0.00	\$37.39	\$7.58	\$8.71	\$0.62
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$136.10									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

Provider: <b>PruittHealth - Peake, LLC</b>				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: <b>00143327A</b>				Growth Allowance: N/A		N/A	13.37%	Base Period Overall CMI: 1.4021				1.4021	1.3617
Case Mix Per Diem Rate Effective Date: 4/1/2021				Qtrly BIMS score 42.7%		42.7%	2.5%	Quarterly Medicaid CMI: 1.5540				1.5540	1.5382
MDS & Nurse Hrs Data per Quarter Ending: 12/31/20				Nurse Hours per On-Site Day/Quality Incentive: 4.11		4.11	2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5811				1.5811	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,408,690	\$4,050,040	\$0	\$669,820	\$481,400	\$414,957	\$920,986	\$293,529	\$577,958	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$137,112)	(\$2,733)	\$0	(\$115)	(\$5,708)	(\$4,921)	(\$116,792)		(\$119,471)	\$112,628	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,271,578	\$4,047,307	\$0	\$669,705	\$475,692	\$410,036	\$804,194	\$293,529	\$458,487	\$112,628	
8	Total Nursing Facility Days As Filed Days = 42,749	FY12 Audited C/R Days	42,749										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,326	FY 18 GL-PL Ins Rpt Days								41,326			
9	Net Per Diems prior to Case Mix Adjstrmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$170.34	\$94.68	\$0.00	\$15.67	\$20.72	(with L&H)	\$18.81	\$7.10	\$10.73	\$2.63	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4021									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.53									
12	Net Per Diems after Case Mix Adjstrmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$67.53	\$0.00	\$15.67	\$20.72		\$18.81	\$7.10	\$10.73	\$2.63	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$148.06	\$67.53	\$0.00	\$15.67	\$20.72		\$18.81	\$7.10	15.60 (FRV)	\$2.63	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$16.41	\$9.03	\$0.00	\$2.10	\$2.77	\$0.00	\$2.51	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$164.47	\$76.56	\$0.00	\$17.77	\$23.49	\$0.00	\$21.32	\$7.10	\$15.60	\$2.63	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5811									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.05									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$208.96	\$121.05	\$0.00	\$17.77	\$23.49	\$0.00	\$21.32	\$7.10	\$15.60	\$2.63	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stand - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.03	\$3.03									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Sfing Add-on	\$2.42	\$2.42									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.08	\$5.98	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$233.04	\$127.03	\$0.00	\$17.99	\$23.90	\$0.00	\$38.79	\$7.10	\$15.60	\$2.63	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$161.96										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY14 Cost Report Data

**FINAL**

Provider: <b>PruittHealth- Rome</b>			Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>299031876A</b>			Case Mix Per Diem Rate Effective Date: 4/1/2021			Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.3499			1.3499	1.4014
MDS & Nurse Hrs Data per Quarter Ending: 12/31/20			Nurse Hours per On-Site Day/Quality Incentive: 3.98			Qtrly BIMS score 41.5%	2.5%	Quarterly Medicaid CMI: 1.6146			1.6146	1.5382
							2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6428			1.6428	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY 14 C/R - FY 18 GL-PL Rpt	\$3,269,285	\$1,421,270	\$0	\$302,768	\$145,782	\$429,310	\$569,705	\$240,597	\$159,853	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY14 C/R Audit Adjstmnts	(\$78,774)	\$0	\$0	\$0	\$605	\$1,781	(\$81,716)		(\$25,246)	\$25,802
7	Cost Center Costs After Audit Adjustments	FY14 Audited C/R	\$3,190,511	\$1,421,270	\$0	\$302,768	\$146,387	\$431,091	\$487,989	\$240,597	\$134,607	\$25,802
8	Total Nursing Facility Days As Filed Days = 18,323	FY14 Audited C/R Days	18,323									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,387	FY 18 GL-PL Ins Rpt Days								34,387		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$168.00	\$77.57	\$0.00	\$16.52	\$31.52	(with L&H)	\$26.63	\$7.00	\$7.35	\$1.41
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.3499								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.46								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$57.46	\$0.00	\$16.52	\$31.52		\$26.63	\$7.00	\$7.35	\$1.41
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.31	\$0.00	\$19.52	\$23.55		\$24.02	\$0.00	\$0.00	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$140.92	\$57.46	\$0.00	\$16.52	\$23.55		\$24.02	\$7.00	10.96 (FRV)	\$1.41
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Allwnc %	\$16.25	\$7.68	\$0.00	\$2.21	\$3.15	\$0.00	\$3.21	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$157.17	\$65.14	\$0.00	\$18.73	\$26.70	\$0.00	\$27.23	\$7.00	\$10.96	\$1.41
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6428								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.01								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$199.04	\$107.01	\$0.00	\$18.73	\$26.70	\$0.00	\$27.23	\$7.00	\$10.96	\$1.41
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Ahdw) x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.68	\$2.68								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.14	\$2.14								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.67	\$5.35	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$221.71	\$112.36	\$0.00	\$18.95	\$26.70	\$0.00	\$44.33	\$7.00	\$10.96	\$1.41
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$153.46									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: <b>Pruitt Health - Savannah</b>			<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide	
Prvdr ID: 00238323A			Growth Allowance:		N/A	13.37%	Base Period Overall CMI:			1.5049	1.3617	
H/B ? : No			Case Mix Per Diem Rate Effective Date: 04/01/21		BIMS: 9.7%		0.0%		Quarterly Medicaid CMI: 1.8342 1.5438			
MDS & Nurse Hrs Data per Quarter Ending: 12/31/20			Nurse Hours per On-Site Day/Quality Incentive:		3.32	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.8702	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
<b>Cost Center Peer Groups per Selected Options</b>				1	1	2	1	1	1			
Type of Facility within Peer Group				All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
Bed Size Range within Peer Group				All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
Peer Group Standards: Percentile				90.0%	90.0%	90.0%	85.0%		50.0%			
Peer Group Standards: Multiplier				100.0%	100.0%	100.0%	100.0%		105.0%			
Efficiency Measures (Maximums)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Per Diem Costs and Add-ons</b>												
GL-PL- Insurance Costs		FY2018 GL-PL Ins. Rpt								\$ 288,717		
Total Nursing Facility Days GL-PL Ins. Rpt		FY2018 GL-PL Ins. Rpt								40,469		
Standard Per Diem (After CMA for Routine Svcs)		FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$25.51	\$0.92
<u>Allowed @ 95% of Std</u>			\$153.32	\$67.93		\$17.49	\$21.94		\$19.53		\$25.51	\$0.92
Growth Allowance 13.4%			\$16.97	\$9.08		\$2.34	\$2.93		\$2.61			
CMA Allowed Per Diem (After Growth Allowance)			\$177.42	\$77.01		\$19.83	\$24.87		\$22.14	\$ 7.13	\$25.51	\$0.92
Quarterly Facility Case Mix Index for Medicaid Residents				<u>1.8702</u>							(FRV Rate)	
Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem				\$144.03								
Quarterly Medicaid CMA Allowed Per Diem			\$244.43	\$144.03		\$19.83	\$24.87		\$22.14	\$7.13	\$25.51	\$0.92
<b>Quarterly Per Diem Add-On Amounts</b>												
BIMS Add-on Per Diem = 0.0% (to Routine Svcs)			\$0.00	\$0.00								
Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%			\$2.88	\$2.88								
Nursing Home Provider Fee			\$17.10						17.10			
<b>Total Quarterly Per Diem Add-On Amounts</b>			\$19.98									
<b>Quarterly Case Mix Based Per Diem Rate</b>			\$264.41	\$146.91		\$19.83	\$24.87		\$39.24	\$7.13	\$25.51	\$0.92
<b>Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%</b>		\$185.48										



**Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data**

**FINAL**

<b>Provider: PruittHealth - Shepherd Hills, LLC</b> <b>Prvdr ID: 00142964A</b>												
<b>Case Mix Per Diem Rate Effective Date: 4/1/2021</b> <b>MDS &amp; Nurse Hrs Data per Quarter Ending: 12/31/20</b>				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 18.2% Nurse Hours per On-Site Day/Quality Incentive: 3.50			<u>Facility Score</u> Add-on Percent: 13.37% 0.0%		<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.4305 Quarterly Medicaid CMI: 1.4017 Qtrly Mcaid CMI w RUG Wght Options: 1.4251			<u>Facility Specific</u> 1.3617 1.5382 1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,573,146	\$3,139,645	\$0	\$526,560	\$391,236	\$294,748	\$752,684	\$269,469	\$198,804	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$122,716)	(\$7,258)	\$0	(\$373)	(\$6,672)	(\$5,706)	(\$99,324)		(\$42,168)	\$38,785
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,450,430	\$3,132,387	\$0	\$526,187	\$384,564	\$289,042	\$653,360	\$269,469	\$156,636	\$38,785
8	Total Nursing Facility Days As Filed Days = 39,683	FY12 Audited C/R Days	39,683									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 37,862	FY 18 GL-PL Ins Rpt Days								37,862		
10	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$137.68	\$78.94	\$0.00	\$13.26	\$16.97	(with L&H)	\$16.46	\$7.12	\$3.95	\$0.98
11	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4305								
12	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.18								
13	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.18	\$0.00	\$13.26	\$16.97		\$16.46	\$7.12	\$3.95	\$0.98
14	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
15	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$116.66	\$55.18	\$0.00	\$13.26	\$16.97		\$16.46	\$7.12	6.69 (FRV)	\$0.98
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
16	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$13.62	\$7.38	\$0.00	\$1.77	\$2.27	\$0.00	\$2.20	N/A	N/A	N/A
17	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$130.28	\$62.56	\$0.00	\$15.03	\$19.24	\$0.00	\$18.66	\$7.12	\$6.69	\$0.98
18	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4251								
19	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.15								
20	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$156.87	\$89.15	\$0.00	\$15.03	\$19.24	\$0.00	\$18.66	\$7.12	\$6.69	\$0.98
<b>Quarterly Per Diem Add-on Amounts</b>												
21	Efficiency Add-on Per Diem (Sind - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
22	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
23	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.78	\$1.78								
24	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
25	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.41	\$2.31	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
26	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$177.28	\$91.46	\$0.00	\$15.25	\$19.65	\$0.00	\$36.13	\$7.12	\$6.69	\$0.98
27	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$120.14									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>PruittHealth -Spring Valley, LLC</b>  Prvdr ID: <b>00143096A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: <b>N/A</b>  Qtrly BIMS score: <b>36.8%</b>  Nurse Hours per On-Site Day/Quality Incentive: <b>3.56</b> </div> <div> Facility Score: <b>N/A</b>  Add-on Percent: <b>13.37%</b>  2.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: <b>1.3401</b>  Quarterly Medicaid CMI: <b>1.5766</b>  Qtrly Mcaid CMI w RUG Wght Options: <b>1.6053</b> </div> <div> Facility Specific: <b>1.3401</b>  1.5766  1.6053 </div> <div> State-wide: <b>1.3617</b>  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,128,444	\$1,595,716	\$0	\$306,856	\$236,002	\$185,738	\$554,227	\$144,358	\$105,547	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$63,694)	(\$852)	\$0	\$0	(\$2,164)	(\$2,923)	(\$56,789)		(\$15,218)	\$14,252
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,064,750	\$1,594,864	\$0	\$306,856	\$233,838	\$182,815	\$497,438	\$144,358	\$90,329	\$14,252
8	Total Nursing Facility Days As Filed Days = 20,610	FY12 Audited C/R Days	20,610									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,123	FY 18 GL-PL Ins Rpt Days								18,123		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$149.67	\$77.38	\$0.00	\$14.89	\$20.22	(with L&H)	\$24.14	\$7.97	\$4.38	\$0.69
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<b>1.3401</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.74								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$57.74	\$0.00	\$14.89	\$20.22		\$24.14	\$7.97	\$4.38	\$0.69
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$130.67	\$57.74	\$0.00	\$14.89	\$20.22		\$20.56	\$7.97	8.60 (FRV)	\$0.69
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <b>13.37%</b>	Ln 14 x Grwth Allwnc %	\$15.16	\$7.72	\$0.00	\$1.99	\$2.70	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$145.83	\$65.46	\$0.00	\$16.88	\$22.92	\$0.00	\$23.31	\$7.97	\$8.60	\$0.69
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.6053</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.08								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$185.45	\$105.08	\$0.00	\$16.88	\$22.92	\$0.00	\$23.31	\$7.97	\$8.60	\$0.69
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <b>2.5%</b> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.63	\$2.63								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <b>3.0%</b> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.15	\$3.15								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.04	\$6.31	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$209.49	\$111.39	\$0.00	\$17.10	\$23.33	\$0.00	\$40.41	\$7.97	\$8.60	\$0.69
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$144.29									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

Provider: <b>PruittHealth - Sunrise, LLC</b>			Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00143173A</b>			Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>			Growth Allowance: <b>N/A</b>	13.37%	Base Period Overall CMI: <b>1.3624</b>			1.3617	
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/20</b>			Nurse Hours per On-Site Day/Quality Incentive: <b>4.11</b>			Qtrly BIMS score <b>31.8%</b>	2.5%	Quarterly Medicaid CMI: <b>1.5737</b>			1.5382	
							2.0%	Qtrly Mcaid CMI w RUG Wght Options: <b>1.6038</b>			1.5656	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,978,696	\$1,446,356	\$0	\$308,457	\$188,495	\$220,501	\$462,134	\$144,358	\$208,395	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$58,620)	(\$2,358)	\$0	(\$869)	\$0	\$0	(\$55,393)		(\$20,929)	\$20,929
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,920,076	\$1,443,998	\$0	\$307,588	\$188,495	\$220,501	\$406,741	\$144,358	\$187,466	\$20,929
8	Total Nursing Facility Days As Filed Days = 21,352	FY12 Audited C/R Days	21,352									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,808	FY 18 GL-PL Ins Rpt Days								19,808		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$137.29	\$67.63	\$0.00	\$14.41	\$19.15	(with L&H)	\$19.05	\$7.29	\$8.78	\$0.98
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3624								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.64								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$49.64	\$0.00	\$14.41	\$19.15		\$19.05	\$7.29	\$8.78	\$0.98
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$120.37	\$49.64	\$0.00	\$14.41	\$19.15		\$19.05	\$7.29	9.85 (FRV)	\$0.98
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$13.68	\$6.64	\$0.00	\$1.93	\$2.56	\$0.00	\$2.55	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$134.05	\$56.28	\$0.00	\$16.34	\$21.71	\$0.00	\$21.60	\$7.29	\$9.85	\$0.98
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6038								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.26								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$168.03	\$90.26	\$0.00	\$16.34	\$21.71	\$0.00	\$21.60	\$7.29	\$9.85	\$0.98
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([SInd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.26	\$2.26								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.81	\$1.81								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.70	\$4.60	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$190.73	\$94.86	\$0.00	\$16.56	\$22.12	\$0.00	\$39.07	\$7.29	\$9.85	\$0.98
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$130.22									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>PruittHealth - Swainsboro, LLC</b>  Prvdr ID: <b>00143195A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: <b>N/A</b>  Qtrly BIMS score: <b>30.4%</b>  Nurse Hours per On-Site Day/Quality Incentive: <b>3.77</b> </div> <div> Facility Score: <b>N/A</b>  Add-on Percent: <b>13.37%</b>  2.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: <b>1.4255</b>  Quarterly Medicaid CMI: <b>1.5777</b>  Qtrly Mcaid CMI w RUG Wght Options: <b>1.6067</b> </div> <div> Facility Specific: <b>1.4255</b>  1.5777  1.6067 </div> <div> State-wide: <b>1.3617</b>  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,119,026	\$2,891,203	\$0	\$435,802	\$347,652	\$266,372	\$680,876	\$247,815	\$249,306	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$101,673)	(\$10,147)	\$0	(\$297)	(\$1,732)	(\$1,002)	(\$87,254)		(\$32,185)	\$30,944
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,017,353	\$2,881,056	\$0	\$435,505	\$345,920	\$265,370	\$593,622	\$247,815	\$217,121	\$30,944
8	Total Nursing Facility Days As Filed Days = 33,677	FY12 Audited C/R Days	33,677									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,277	FY 18 GL-PL Ins Rpt Days								29,277		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$150.09	\$85.55	\$0.00	\$12.93	\$18.15	(with L&H)	\$17.63	\$8.46	\$6.45	\$0.92
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.4255</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.02								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$60.02	\$0.00	\$12.93	\$18.15		\$17.63	\$8.46	\$6.45	\$0.92
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$127.00	\$60.02	\$0.00	\$12.93	\$18.15		\$17.63	\$8.46	8.89 (FRV)	\$0.92
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grvth Alkwn %	\$14.54	\$8.02	\$0.00	\$1.73	\$2.43	\$0.00	\$2.36	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.54	\$68.04	\$0.00	\$14.66	\$20.58	\$0.00	\$19.99	\$8.46	\$8.89	\$0.92
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.6067</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.32								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$182.82	\$109.32	\$0.00	\$14.66	\$20.58	\$0.00	\$19.99	\$8.46	\$8.89	\$0.92
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Ahdw) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.73	\$2.73								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.28	\$3.28								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.64	\$6.54	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$207.46</b>	<b>\$115.86</b>	<b>\$0.00</b>	<b>\$14.88</b>	<b>\$20.99</b>	<b>\$0.00</b>	<b>\$37.46</b>	<b>\$8.46</b>	<b>\$8.89</b>	<b>\$0.92</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$142.77</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Unaudited 12/31/14 Cost Report Data

FINAL

Provider: <b>PruittHealth- Sylvester</b> Prvdr ID: <b>00143206A</b>			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/20</b>			Growth Allowance: N/A Qtrly BIMS score: 29.4% Nurse Hours per On-Site Day/Quality Incentive: 3.97		N/A	13.37%	Base Period Overall CMI: 1.3730 Quarterly Medicaid CMI: 1.3349 Qtrly Mcaid CMI w RUG Wght Options: 1.3565				1.3730	1.4014
1.3349	1.5362	1.5656										
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatnns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 12/31/14 C/R - FY 18 GL-PL Rpt	\$4,586,489	\$1,830,958	\$0	\$352,690	\$278,432	\$442,485	\$1,057,601	\$281,499	\$342,824	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	12/31/14 C/R Audit Adjstmnts	(\$517,210)	\$0	\$0	\$0	\$0	\$0	(\$517,210)		(\$21,498)	\$21,498
7	Cost Center Costs After Audit Adjustments	12/31/14 Audited C/R	\$4,069,279	\$1,830,958	\$0	\$352,690	\$278,432	\$442,485	\$540,391	\$281,499	\$321,326	\$21,498
8	Total Nursing Facility Days As Filed Days = 27,754	12/31/14 Audited C/R Days	27,754									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,792	FY 18 GL-PL Ins Rpt Days								38,792		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$143.74	\$65.97	\$0.00	\$12.71	\$25.98	(with L&H)	\$19.47	\$7.26	\$11.58	\$0.77
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.3730								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.05								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$48.05	\$0.00	\$12.71	\$25.98		\$19.47	\$7.26	\$11.58	\$0.77
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.31	\$0.00	\$19.52	\$23.55		\$24.02		N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$121.42	\$48.05	\$0.00	\$12.71	\$23.55		\$19.47	\$7.26	9.61 (FRV)	\$0.77
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Althnc %	\$13.87	\$6.42	\$0.00	\$1.70	\$3.15	\$0.00	\$2.60	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$135.29	\$54.47	\$0.00	\$14.41	\$26.70	\$0.00	\$22.07	\$7.26	\$9.61	\$0.77
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3565								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$73.89								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$154.71	\$73.89	\$0.00	\$14.41	\$26.70	\$0.00	\$22.07	\$7.26	\$9.61	\$0.77
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Snd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.74	\$0.74								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sfng Add-on	\$2.22	\$2.22								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.18	\$3.49	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$175.89	\$77.38	\$0.00	\$14.63	\$26.70	\$0.00	\$39.54	\$7.26	\$9.61	\$0.77
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$119.09									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

**FINAL**

<div> <div> Provider: <b>PruittHealth -Toccoa, LLC</b>  Prvdr ID: <b>00143305A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: <b>N/A</b>  Qtrly BIMS score: <b>33.0%</b>  Nurse Hours per On-Site Day/Quality Incentive: <b>3.39</b> </div> <div> Facility Score: <b>N/A</b>  Add-on Percent: <b>13.37%</b>  2.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: <b>1.5108</b>  Quarterly Medicaid CMI: <b>1.4115</b>  Qtrly Mcaid CMI w RUG Wght Options: <b>1.4336</b> </div> <div> Facility Specific: <b>1.5108</b>  1.4115  1.4336 </div> <div> State-wide: <b>1.3617</b>  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
3	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,489,354	\$4,645,295	\$0	\$873,232	\$697,934	\$433,691	\$1,250,187	\$435,481	\$153,534	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$202,781)	(\$18,549)	\$0	(\$354)	(\$6,453)	(\$6,099)	(\$169,982)		(\$48,498)	\$47,154
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,286,573	\$4,626,746	\$0	\$872,878	\$691,481	\$427,592	\$1,080,205	\$435,481	\$105,036	\$47,154
8	Total Nursing Facility Days As Filed Days = 60,191	FY12 Audited C/R Days	60,191									
8	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 57,413	FY 18 GL-PL Ins Rpt Days								57,413		
9	Net Per Diems prior to Case Mix Adjstnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$138.03	\$76.87	\$0.00	\$14.50	\$18.59	(with L&H)	\$17.95		\$1.75	\$0.78
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5108								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.88								
12	Net Per Diems after Case Mix Adjstnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$50.88	\$0.00	\$14.50	\$18.59		\$17.95	\$7.59	\$1.75	\$0.78
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$116.97	\$50.88	\$0.00	\$14.50	\$18.59		\$17.95	\$7.59	6.68 (FRV)	\$0.78
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$13.63	\$6.80	\$0.00	\$1.94	\$2.49	\$0.00	\$2.40	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$130.60	\$57.68	\$0.00	\$16.44	\$21.08	\$0.00	\$20.35	\$7.59	\$6.68	\$0.78
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qlr End		1.4336								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.69								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$155.61	\$82.69	\$0.00	\$16.44	\$21.08	\$0.00	\$20.35	\$7.59	\$6.68	\$0.78
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Atwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.07	\$2.07								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.48	\$2.48								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.18	\$5.08	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$178.79</b>	<b>\$87.77</b>	<b>\$0.00</b>	<b>\$16.66</b>	<b>\$21.49</b>	<b>\$0.00</b>	<b>\$37.82</b>	<b>\$7.59</b>	<b>\$6.68</b>	<b>\$0.78</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$121.27</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>PruittHealth - Toomsboro, LLC</b>  Prvdr ID: <b>00409494A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: <b>N/A</b>  Qtrly BIMS score: <b>21.4%</b>  Nurse Hours per On-Site Day/Quality Incentive: <b>3.26</b> </div> <div> Facility Score: <b>N/A</b>  Add-on Percent: <b>13.37%</b>  1.0%  2.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: <b>1.3444</b>  Quarterly Medicaid CMI: <b>1.5648</b>  Qtrly Mcaid CMI w RUG Wght Options: <b>1.5943</b> </div> <div> Facility Specific: <b>1.3444</b>  1.5648  1.5943 </div> <div> State-wide: <b>1.3617</b>  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R - FY 2018 GL-PL Rpt	\$3,076,559	\$1,544,994	\$0	\$302,818	\$187,131	\$250,455	\$452,237	\$149,170	\$189,754	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$61,734)	(\$5,005)	\$0	(\$758)	(\$882)	\$102	(\$55,009)		(\$25,537)	\$25,355
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,014,825	\$1,539,989	\$0	\$302,060	\$186,249	\$250,557	\$397,228	\$149,170	\$164,217	\$25,355
8	Total Nursing Facility Days As Filed Days = 20,394	FY12 Audited C/R Days	20,394									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,031	FY 18 GL-PL Ins Rpt Days								20,031		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$147.96	\$75.51	\$0.00	\$14.81	\$21.42	(with L&H)	\$19.48	\$7.45	\$8.05	\$1.24
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3444								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.17								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AIOthr = Ln 9		\$56.17	\$0.00	\$14.81	\$21.42		\$19.48	\$7.45	\$8.05	\$1.24
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$134.56	\$56.17	\$0.00	\$14.81	\$21.42		\$19.48	\$7.45	13.99 (FRV)	\$1.24
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14.95	\$7.51	\$0.00	\$1.98	\$2.86	\$0.00	\$2.60	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$149.51	\$63.68	\$0.00	\$16.79	\$24.28	\$0.00	\$22.08	\$7.45	\$13.99	\$1.24
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5943								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.53								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AIOthr = Ln 16	\$187.36	\$101.53	\$0.00	\$16.79	\$24.28	\$0.00	\$22.08	\$7.45	\$13.99	\$1.24
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Sind - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.02	\$1.02								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.03	\$2.03								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.68	\$3.58	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$209.04	\$105.11	\$0.00	\$17.01	\$24.69	\$0.00	\$39.55	\$7.45	\$13.99	\$1.24
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$143.96									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

**FINAL**

<div> <div> Provider: <b>PruittHealth - Valdosta</b>  Prvdr ID: <b>00141369A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 24.5%  Nurse Hours per On-Site Day/Quality Incentive: 3.47 </div> <div> Facility Score: N/A  Add-on Percent: 13.37%  2.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.6176  Quarterly Medicaid CMI: 1.5619  Qtrly Mcaid CMI w RUG Wght Options: 1.5908 </div> <div> Facility Specific: 1.6176  1.5619  1.5908 </div> <div> State-wide: 1.3617  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R - FY 2018 GL-PL Rpt	\$5,327,017	\$2,993,919	\$0	\$460,159	\$341,308	\$275,624	\$816,515	\$235,785	\$203,707	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$97,943)	(\$5,060)	\$0	\$0	(\$2,159)	(\$2,649)	(\$86,789)		(\$37,125)	\$35,839
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,229,074	\$2,988,859	\$0	\$460,159	\$339,149	\$272,975	\$729,726	\$235,785	\$166,582	\$35,839
8	Total Nursing Facility Days As Filed Days = 33,103	FY12 Audited C/R Days	33,103									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,977	FY 18 GL-PL Ins Rpt Days								31,977		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$158.20	\$90.29	\$0.00	\$13.90	\$18.49	(with L&H)	\$22.04	\$7.37	\$5.03	\$1.08
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.6176								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.82								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.82	\$0.00	\$13.90	\$18.49		\$22.04	\$7.37	\$5.03	\$1.08
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.66	\$55.82	\$0.00	\$13.90	\$18.49		\$20.56	\$7.37	9.44 (FRV)	\$1.08
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14.54	\$7.46	\$0.00	\$1.86	\$2.47	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.20	\$63.28	\$0.00	\$15.76	\$20.96	\$0.00	\$23.31	\$7.37	\$9.44	\$1.08
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5908								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.67								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.59	\$100.67	\$0.00	\$15.76	\$20.96	\$0.00	\$23.31	\$7.37	\$9.44	\$1.08
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem (Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.01	\$1.01								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.01	\$2.01								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.28	\$3.55	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$199.87	\$104.22	\$0.00	\$15.98	\$21.37	\$0.00	\$40.41	\$7.37	\$9.44	\$1.08
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$137.08									



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

**FINAL**

<div> <div> Provider: <b>PruittHealth - Virginia Park</b>  Prvdr ID: <b>00140401A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b> </div> <div> Nurse Hours per On-Site Day/Quality Incentive: </div> </div>												
<u>Add-on Data and Percentages</u>				Facility Score Add-on Percent	N/A 13.37% 2.5% 3.31 3.0%	<u>Case Mix Index (CMI) Data</u>					Facility Specific 1.4219 1.5735 1.6029	State-wide 1.3617 1.5382 1.5656
				Growth Allowance: N/A Qtrly BIMS score: 33.3% Qtrly Mcaid CMI w RUG Wght Options:								
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R - FY 2018 GL-PL Rpt	\$8,547,096	\$4,755,817	\$0	\$719,530	\$339,759	\$298,657	\$1,327,791	\$306,121	\$799,421	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	\$7,650	(\$7,451)	\$0	\$0	\$32,997	\$27,922	(\$111,623)		(\$8,698)	\$74,503
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,554,746	\$4,748,366	\$0	\$719,530	\$372,756	\$326,579	\$1,216,168	\$306,121	\$790,723	\$74,503
8	Total Nursing Facility Days As Filed Days = 40,111	FY12 Audited C/R Days	40,111									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,304	FY 18 GL-PL Ins Rpt Days								41,304		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$213.05	\$118.38	\$0.00	\$17.94	\$17.43	(with L&H)	\$30.32	\$7.41	\$19.71	\$1.86
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4219								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$83.26								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$83.26	\$0.00	\$17.94	\$17.43		\$30.32	\$7.41	\$19.71	\$1.86
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$148.61	\$71.51	\$0.00	\$17.94	\$17.43		\$20.56	\$7.41	11.90 (FRV)	\$1.86
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$17.04	\$9.56	\$0.00	\$2.40	\$2.33	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$165.65	\$81.07	\$0.00	\$20.34	\$19.76	\$0.00	\$23.31	\$7.41	\$11.90	\$1.86
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6029								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$129.95								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$214.53	\$129.95	\$0.00	\$20.34	\$19.76	\$0.00	\$23.31	\$7.41	\$11.90	\$1.86
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem (Stnd - Alwdj x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.25	\$3.25								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.90	\$3.90								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.88	\$7.15	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$239.41	\$137.10	\$0.00	\$20.56	\$20.17	\$0.00	\$40.41	\$7.41	\$11.90	\$1.86
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$166.73									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

**FINAL**

<div> <div> Provider: <b>Pruitt Health - Washington</b>  Prvdr ID: <b>00143569A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 34.8%  Nurse Hours per On-Site Day/Quality Incentive: 3.54 </div> <div> Facility Score: N/A  Add-on Percent: 13.37%  2.5%  2.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.5606  Quarterly Medicaid CMI: 1.5438  Qtrly Mcaid CMI w RUG Wght Options: 1.5707 </div> <div> Facility Specific: 1.5606  1.5438  1.5707 </div> <div> State-wide: 1.3617  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,448,193	\$1,253,489	\$0	\$233,916	\$148,864	\$206,817	\$397,926	\$113,081	\$94,100	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$44,144)	(\$2,500)	\$0	(\$600)	\$0	\$1,342	(\$42,386)		(\$21,413)	\$21,413
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,404,049	\$1,250,989	\$0	\$233,316	\$148,864	\$208,159	\$355,540	\$113,081	\$72,687	\$21,413
8	Total Nursing Facility Days As Filed Days = 16,572	FY12 Audited C/R Days	16,572									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 14,786	FY 18 GL-PL Ins Rpt Days								14,786		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$145.89	\$75.49	\$0.00	\$14.08	\$21.54	(with L&H)	\$21.45	\$7.65	\$4.39	\$1.29
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5606								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.37								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$48.37	\$0.00	\$14.08	\$21.54		\$21.45	\$7.65	\$4.39	\$1.29
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$122.10	\$48.37	\$0.00	\$14.08	\$21.54		\$20.56	\$7.65	8.61 (FRV)	\$1.29
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$13.98	\$6.47	\$0.00	\$1.88	\$2.88	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$136.08	\$54.84	\$0.00	\$15.96	\$24.42	\$0.00	\$23.31	\$7.65	\$8.61	\$1.29
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5707								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.14								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$167.38	\$86.14	\$0.00	\$15.96	\$24.42	\$0.00	\$23.31	\$7.65	\$8.61	\$1.29
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ((Sind - Alwdj) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.15	\$2.15								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.72	\$1.72								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.13	\$4.40	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$189.51	\$90.54	\$0.00	\$16.18	\$24.83	\$0.00	\$40.41	\$7.65	\$8.61	\$1.29
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$129.31									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>PruittHealth - West Atlanta</b>  Prvdr ID: <b>00256088A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score 18.8%  Nurse Hours per On-Site Day/Quality Incentive: 3.39 </div> <div> Facility Score  Add-on Percent  13.37%  0.0%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.3473  Quarterly Medicaid CMI: 1.4580  Qtrly Mcaid CMI w RUG Wght Options: 1.4837 </div> <div> Facility Specific  1.3473  1.4580  1.4837 </div> <div> State-wide  1.3617  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41					
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,403,277	\$3,356,562	\$0	\$587,511	\$437,095	\$551,516	\$917,961	\$288,717	\$263,915	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$116,610)	(\$7,200)	\$0	(\$894)	\$579	\$731	(\$110,176)		(\$63,714)	\$64,064
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,286,667	\$3,349,362	\$0	\$586,617	\$437,674	\$552,247	\$807,785	\$288,717	\$200,201	\$64,064
8	Total Nursing Facility Days As Filed Days = 39,588	FY12 Audited C/R Days	39,588									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,621	FY 18 GL-PL Ins Rpt Days								34,621		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$159.86	\$84.61	\$0.00	\$14.82	\$25.01	(with L&H)	\$20.40	\$8.34	\$5.06	\$1.62
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3473								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.80								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$62.80	\$0.00	\$14.82	\$25.01		\$20.40	\$8.34	\$5.06	\$1.62
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$141.13	\$62.80	\$0.00	\$14.82	\$23.09		\$20.40	\$8.34	10.06 (FRV)	\$1.62
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$16.20	\$8.40	\$0.00	\$1.98	\$3.09	\$0.00	\$2.73	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$157.33	\$71.20	\$0.00	\$16.80	\$26.18	\$0.00	\$23.13	\$8.34	\$10.06	\$1.62
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4837								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.64								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$191.77	\$105.64	\$0.00	\$16.80	\$26.18	\$0.00	\$23.13	\$8.34	\$10.06	\$1.62
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem (IStd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.87	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.12		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$3.17	\$3.17								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.14	\$3.70	\$0.00	\$0.22	\$0.00	\$0.00	\$17.22	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$212.91	\$109.34	\$0.00	\$17.02	\$26.18	\$0.00	\$40.35	\$8.34	\$10.06	\$1.62
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$146.86									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Quiet Oaks Health Care Center</b>  Prvdr ID: <b>00370851A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: <b>N/A</b>  Qtrly BIMS score: <b>46.5%</b>  Nurse Hours per On-Site Day/Quality Incentive: <b>3.67</b> </div> <div> Facility Score: <b>N/A</b>  Add-on Percent: <b>13.37%</b>  5.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: <b>1.2112</b>  Quarterly Medicaid CMI: <b>1.4497</b>  Qtrly Mcaid CMI w RUG Wght Options: <b>1.4787</b> </div> <div> Facility Specific: <b>1.2112</b>  1.4497  1.4787 </div> <div> State-wide: <b>1.3617</b>  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R - FY 2018 GL-PL Rpt	\$2,924,434	\$1,412,018	\$0	\$363,070	\$250,246	\$301,794	\$458,107	\$76,642	\$62,557	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$66,033)	(\$1,698)	\$0	(\$1,501)	(\$2,268)	\$1,578	(\$61,577)		(\$32,836)	\$32,269
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,858,401	\$1,410,320	\$0	\$361,569	\$247,978	\$303,372	\$396,530	\$76,642	\$29,721	\$32,269
8	Total Nursing Facility Days As Filed Days = 22,301	FY12 Audited C/R Days	22,301									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,006	FY 18 GL-PL Ins Rpt Days								22,006		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$128.21	\$63.24	\$0.00	\$16.21	\$24.72	(with L&H)	\$17.78	\$3.48	\$1.33	\$1.45
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2112								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.21								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$52.21	\$0.00	\$16.21	\$24.72		\$17.78	\$3.48	\$1.33	\$1.45
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$124.08	\$52.21	\$0.00	\$16.21	\$23.09		\$17.78	\$3.48	9.86 (FRV)	\$1.45
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Alhnc %	\$14.62	\$6.98	\$0.00	\$2.17	\$3.09	\$0.00	\$2.38	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$138.70	\$59.19	\$0.00	\$18.38	\$26.18	\$0.00	\$20.16	\$3.48	\$9.86	\$1.45
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4787								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$87.52								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$167.03	\$87.52	\$0.00	\$18.38	\$26.18	\$0.00	\$20.16	\$3.48	\$9.86	\$1.45
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem (SInd - Alwdj x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.81	\$4.81								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.63	\$2.63								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.66	\$7.97	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$192.69	\$95.49	\$0.00	\$18.60	\$26.18	\$0.00	\$37.63	\$3.48	\$9.86	\$1.45
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$131.69									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Quinton Memorial Health Care			Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00150279A			Growth Allowance:			N/A	13.37%	Base Period Overall CMI:			1.2702	1.3617
H/B ? : No			Case Mix Per Diem Rate Effective Date: 04/01/21			BIMS:	16.4%	Quarterly Medicaid CMI:			1.5173	1.5438
MDS & Nurse Hrs Data per Quarter Ending: 12/31/20			Nurse Hours per On-Site Day/Quality Incentive:			3.70	3.0%	Qrtly Mcaid CMI w RUG Wght Options:			1.5438	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
Cost Center Peer Groups per Selected Options				1	1	2	1	1	1			
Type of Facility within Peer Group				All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
Bed Size Range within Peer Group				All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
Peer Group Standards: Percentile				90.0%	90.0%	90.0%	85.0%		50.0%			
Peer Group Standards: Multiplier				100.0%	100.0%	100.0%	100.0%		105.0%			
Efficiency Measures (Maximums)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Per Diem Costs and Add-ons												
GL-PL- Insurance Costs		FY2018 GL-PL Ins. Rpt								\$ 12,007		
Total Nursing Facility Days GL-PL Ins. Rpt		FY2018 GL-PL Ins. Rpt								41,659		
Standard Per Diem (After CMA for Routine Svcs)		FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$19.72	\$0.09
Allowed @ 95% of Std			\$146.70	\$67.93		\$17.49	\$21.94		\$19.53		\$19.72	\$0.09
Growth Allowance 13.4%			\$16.97	\$9.08		\$2.34	\$2.93		\$2.61			
CMA Allowed Per Diem (After Growth Allowance)			\$163.96	\$77.01		\$19.83	\$24.87		\$22.14	\$ 0.29	\$19.72	\$0.09
Quarterly Facility Case Mix Index for Medicaid Residents				1.5438							(FRV Rate)	
Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem				\$118.89								
Quarterly Medicaid CMA Allowed Per Diem			\$205.83	\$118.89		\$19.83	\$24.87		\$22.14	\$0.29	\$19.72	\$0.09
Quarterly Per Diem Add-On Amounts												
BIMS Add-on Per Diem = 0.0% (to Routine Svcs)			\$0.00	\$0.00								
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%			\$3.57	\$3.57								
Nursing Home Provider Fee			\$17.10						17.10			
Total Quarterly Per Diem Add-On Amounts			\$20.67									
Quarterly Case Mix Based Per Diem Rate			\$226.50	\$122.46		\$19.83	\$24.87		\$39.24	\$0.29	\$19.72	\$0.09
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%		\$157.05										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Regency Park Health Care</b>  Prvdr ID: <b>00837207A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: <b>N/A</b>  Qtrly BIMS score: <b>10.7%</b>  Nurse Hours per On-Site Day/Quality Incentive: <b>3.42</b> </div> <div> Facility Score: <b>N/A</b>  Add-on Percent: <b>13.37%</b>  0.0%  2.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: <b>1.4547</b>  Quarterly Medicaid CMI: <b>1.5019</b>  Qtrly Mcaid CMI w RUG Wght Options: <b>1.5289</b> </div> <div> Facility Specific: <b>1.4547</b>  1.5019  1.5289 </div> <div> State-wide: <b>1.3617</b>  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,119,462	\$3,567,704	\$0	\$675,301	\$331,978	\$411,925	\$644,456	\$10,006	\$478,092	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$16,132)	(\$1,606)	\$0	(\$2,389)	\$0	\$0	(\$14,526)		(\$486)	\$2,875
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,103,330	\$3,566,098	\$0	\$672,912	\$331,978	\$411,925	\$629,930	\$10,006	\$477,606	\$2,875
8	Total Nursing Facility Days As Filed Days = 34,984	FY12 Audited C/R Days	34,984									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,329	FY 18 GL-PL Ins Rpt Days								33,329		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$174.47	\$101.94	\$0.00	\$19.23	\$21.26	(with L&H)	\$18.01	\$0.30	\$13.65	\$0.08
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4547								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.08								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$70.08	\$0.00	\$19.23	\$21.26		\$18.01	\$0.30	\$13.65	\$0.08
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$148.61	\$70.08	\$0.00	\$18.41	\$21.26		\$18.01	\$0.30	20.47 (FRV)	\$0.08
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$17.08	\$9.37	\$0.00	\$2.46	\$2.84	\$0.00	\$2.41	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$165.69	\$79.45	\$0.00	\$20.87	\$24.10	\$0.00	\$20.42	\$0.30	\$20.47	\$0.08
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5289								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	\$121.47	\$121.47								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$207.71	\$121.47	\$0.00	\$20.87	\$24.10	\$0.00	\$20.42	\$0.30	\$20.47	\$0.08
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$2.43	\$2.43								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.84	\$2.96	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$228.55	\$124.43	\$0.00	\$20.87	\$24.51	\$0.00	\$37.89	\$0.30	\$20.47	\$0.08
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$158.59									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY13 Cost Report Data

FINAL

Provider: <b>Rehabilitation Center of South Georgia</b> Prvdr ID: <b>00143283A</b>				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: <b>04/01/21</b> MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/20</b>				Growth Allowance: <b>N/A</b> Qtrly BIMS score <b>42.4%</b> Nurse Hours per On-Site Day/Quality Incentive: <b>3.99</b>		<b>13.37%</b> <b>2.5%</b> <b>2.0%</b>		Base Period Overall CMI: <b>1.1416</b> Quarterly Medicaid CMI: <b>1.5513</b> Qtrly Mcaid CMI w RUG Wght Options: <b>1.5778</b>				<b>1.3699</b> <b>1.5382</b> <b>1.5656</b>	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatins & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group  <b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY13 C/R	\$4,670,969	\$2,545,880	\$0	\$515,909	\$489,792	\$206,199	\$687,593	\$87,638	\$137,958	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmtns	(\$66,287)	\$0	\$0	\$0	\$0	\$0	(\$66,287)		(\$36,614)	\$36,614	
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$4,604,682	\$2,545,880	\$0	\$515,909	\$489,792	\$206,199	\$621,306	\$87,638	\$101,344	\$36,614	
8	Total Nursing Facility Days As Filed Days = 35,948	FY13 Audited C/R Days	35,948										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 52,600	FY 18 GL-PL Ins Rpt Days								52,600			
9	Net Per Diems prior to Case Mix Adjstmtn to Routine Svcs	Ln 7 / Ln 8 Col a	\$127.32	\$70.82	\$0.00	\$14.35	\$19.36	(with L&H)	\$17.28	\$1.67	\$2.82	\$1.02	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.1416									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.03									
12	Net Per Diems after Case Mix Adjstmtn to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$62.03	\$0.00	\$14.35	\$19.36		\$17.28	\$1.67	\$2.82	\$1.02	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.90	\$0.00	\$19.14	\$23.27		\$23.46	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$124.41	\$62.03	\$0.00	\$14.35	\$19.36		\$17.28	\$1.67	8.70 (FRV)	\$1.02	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Althnc %	\$15.11	\$8.29	\$0.00	\$1.92	\$2.59	\$0.00	\$2.31	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$139.52	\$70.32	\$0.00	\$16.27	\$21.95	\$0.00	\$19.59	\$1.67	\$8.70	\$1.02	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5778									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.95									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$180.15	\$110.95	\$0.00	\$16.27	\$21.95	\$0.00	\$19.59	\$1.67	\$8.70	\$1.02	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.77	\$2.77									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$2.22	\$2.22									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.62	\$5.52	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$203.77	\$116.47	\$0.00	\$16.49	\$22.36	\$0.00	\$37.06	\$1.67	\$8.70	\$1.02	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$140.00										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Reliable Health and Rehab</b>  Prvdr ID: <b>321026473A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: <b>N/A</b>  Qtrly BIMS score: <b>46.7%</b>  Nurse Hours per On-Site Day/Quality Incentive: <b>3.40</b> </div> <div> Facility Score: <b>N/A</b>  Add-on Percent: <b>13.37%</b>  5.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: <b>1.4077</b>  Quarterly Medicaid CMI: <b>1.7152</b>  Qtrly Mcaid CMI w RUG Wght Options: <b>1.7494</b> </div> <div> Facility Specific: <b>1.4077</b>  1.7152  1.7494 </div> <div> State-wide: <b>1.3617</b>  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,961,988	\$2,782,032	\$0	\$438,074	\$316,624	\$446,220	\$789,327	\$115,774	\$73,937	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$59,101)	(\$11,188)	\$0	\$0	(\$4,484)	(\$11,377)	(\$40,459)		(\$52,872)	\$61,279
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,902,887	\$2,770,844	\$0	\$438,074	\$312,140	\$434,843	\$748,868	\$115,774	\$21,065	\$61,279
8	Total Nursing Facility Days	As Filed Days = 33,132										
8	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 30,538										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	FY12 Audited C/R Days	33,132									
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	FY 18 GL-PL Ins Rpt Days								30,538		
10	Base Period Facility Case Mix Index for All Residents	Ln 7 / Ln 8 Col a from 4 qtrs of FY12	\$148.28	\$83.63	\$0.00	\$13.22	\$22.55	(with L&H)	\$22.60	\$3.79	\$0.64	\$1.85
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.41								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$59.41	\$0.00	\$13.22	\$22.55		\$22.60	\$3.79	\$0.64	\$1.85
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	\$0.00	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$131.97	\$59.41	\$0.00	\$13.22	\$22.55		\$20.56	\$3.79	10.59 (FRV)	\$1.85
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage =	Ln 14 x Grwth Allwnc %	\$15.47	\$7.94	\$0.00	\$1.77	\$3.01	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$147.44	\$67.35	\$0.00	\$14.99	\$25.56	\$0.00	\$23.31	\$3.79	\$10.59	\$1.85
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		\$17.82								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.82								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$197.91	\$117.82	\$0.00	\$14.99	\$25.56	\$0.00	\$23.31	\$3.79	\$10.59	\$1.85
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem (Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.15	\$0.53	\$0.00	\$0.22	\$0.40	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem =	Ln 19 Col b x CPS Add-on	\$6.48	\$6.48								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$3.53	\$3.53								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.26	\$10.54	\$0.00	\$0.22	\$0.40	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$226.17	\$128.36	\$0.00	\$15.21	\$25.96	\$0.00	\$40.41	\$3.79	\$10.59	\$1.85
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$156.80									



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

Provider: Renaissance Care and Rehab Center				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00141754A				Growth Allowance: N/A		13.37%	Base Period Overall CMI: 1.5068			1.5068	1.3617	
Case Mix Per Diem Rate Effective Date: 4/1/2021				Qtrly BIMS score: 36.3%		2.5%	Quarterly Medicaid CMI: 1.5961			1.5961	1.5382	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/20				Nurse Hours per On-Site Day/Quality Incentive: 4.80		2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6256			1.6256	1.5656	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group  Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,386,844	\$3,133,899	\$0	\$633,824	\$307,648	\$383,833	\$1,401,624	\$971,207	\$554,809	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$704,220)	(\$113,058)	\$0	(\$8,120)	(\$52,134)	(\$92,943)	(\$302,407)		(\$189,527)	\$53,969
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,682,624	\$3,020,841	\$0	\$625,704	\$255,514	\$290,890	\$1,099,217	\$971,207	\$365,282	\$53,969
8	Total Nursing Facility Days	As Filed Days = 51,721										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 44,450										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$132.22	\$58.38	\$0.00	\$12.09	\$10.56	(with L&H)	\$21.24	\$21.85	\$7.06	\$1.04
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5068								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$38.74								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$38.74	\$0.00	\$12.09	\$10.56		\$21.24	\$21.85	\$7.06	\$1.04
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$112.02	\$38.74	\$0.00	\$12.09	\$10.56		\$20.56	\$21.85	7.18 (FRV)	\$1.04
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$10.96	\$5.18	\$0.00	\$1.62	\$1.41	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$122.98	\$43.92	\$0.00	\$13.71	\$11.97	\$0.00	\$23.31	\$21.85	\$7.18	\$1.04
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6256								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$71.40								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$150.46	\$71.40	\$0.00	\$13.71	\$11.97	\$0.00	\$23.31	\$21.85	\$7.18	\$1.04
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Ahdw] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.79	\$1.79								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Sfing Add-on	\$1.43	\$1.43								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.48	\$3.75	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$171.94	\$75.15	\$0.00	\$13.93	\$12.38	\$0.00	\$40.41	\$21.85	\$7.18	\$1.04
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$116.13									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Resorts at Pooler</b>  Prvdr ID: <b>00238741A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qltry BIMS score: 25.8%  Nurse Hours per On-Site Day/Quality Incentive: 3.16 </div> <div> Facility Score  Add-on Percent  13.37%  1.0%  2.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.2677  Quarterly Medicaid CMI: 1.5195  Qltry Mcaid CMI w RUG Wght Options: 1.5455 </div> <div> Facility Specific  1.2677  1.5195  1.5455 </div> <div> State-wide  1.3617  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,195,527	\$1,996,140	\$0	\$504,049	\$280,057	\$191,416	\$507,320	\$243,102	\$473,443	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$49,370)	(\$7,258)	\$0	\$0	(\$603)	(\$412)	(\$36,399)		(\$50,954)	\$46,256
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,146,157	\$1,988,882	\$0	\$504,049	\$279,454	\$191,004	\$470,921	\$243,102	\$422,489	\$46,256
8	Total Nursing Facility Days As Filed Days = 29,678	FY12 Audited C/R Days	29,678									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,375	FY 18 GL-PL Ins Rpt Days								27,375		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$140.40	\$67.02	\$0.00	\$16.98	\$15.85	(with L&H)	\$15.87	\$8.88	\$14.24	\$1.56
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2677								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.87								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln-11, AllOthr = Ln 9		\$52.87	\$0.00	\$16.98	\$15.85		\$15.87	\$8.88	\$14.24	\$1.56
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$119.08	\$52.87	\$0.00	\$16.98	\$15.85		\$15.87	\$8.88	7.07 (FRV)	\$1.56
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$13.58	\$7.07	\$0.00	\$2.27	\$2.12	\$0.00	\$2.12	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$132.66	\$59.94	\$0.00	\$19.25	\$17.97	\$0.00	\$17.99	\$8.88	\$7.07	\$1.56
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5455								
18	Qltry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.64								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$165.36	\$92.64	\$0.00	\$19.25	\$17.97	\$0.00	\$17.99	\$8.88	\$7.07	\$1.56
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem (Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.93	\$0.93								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$1.85	\$1.85								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.41	\$3.31	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$186.77	\$95.95	\$0.00	\$19.47	\$18.38	\$0.00	\$35.46	\$8.88	\$7.07	\$1.56
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$127.25									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Ridgecrest Rehab and Skilled Nursing Center				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00141886A				Growth Allowance:		N/A	13.37%	Base Period Overall CMI:			Use Stwd	1.3699
H/B ? : No				BIMS:		0.0%	0.0%	Quarterly Medicaid CMI:			1.5382	1.5438
Case Mix Per Diem Rate Effective Date: 04/01/21				Nurse Hours per On-Site Day/Quality Incentive:		4.89	1.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5656	1.5713
MDS & Nurse Hrs Data per Quarter Ending: 12/31/20												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
Cost Center Peer Groups per Selected Options				1	1	2	1	1	1			
Type of Facility within Peer Group				All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
Bed Size Range within Peer Group				All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
Peer Group Standards: Percentile				90.0%	90.0%	90.0%	85.0%		50.0%			
Peer Group Standards: Multiplier				100.0%	100.0%	100.0%	100.0%		105.0%			
Efficiency Measures (Maximums)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Per Diem Costs and Add-ons												
GL-PL- Insurance Costs		FY2018 GL-PL Ins. Rpt								\$ 89,287		
Total Nursing Facility Days GL-PL Ins. Rpt		FY2018 GL-PL Ins. Rpt								36,967		
Standard Per Diem (After CMA for Routine Svcs)		FY 2013 Peer Group Limit		\$73.90		\$28.00	\$23.27		\$23.46		\$37.66	\$0.17
Allowed @ 95% of Std			\$179.04	\$70.21		\$26.60	\$22.11		\$22.29		\$37.66	\$0.17
Growth Allowance 13.37%			\$18.88	\$9.39		\$3.56	\$2.96		\$2.98			
CMA Allowed Per Diem (After Growth Allowance)			\$200.34	\$79.60		\$30.16	\$25.07		\$25.27	\$ 2.42	\$37.66	\$0.17
Quarterly Facility Case Mix Index for Medicaid Residents				1.5656							(FRV Rate)	
Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem				\$124.62								
Quarterly Medicaid CMA Allowed Per Diem			\$245.36	\$124.62		\$30.16	\$25.07		\$25.27	\$2.42	\$37.66	\$0.17
Quarterly Per Diem Add-On Amounts												
BIMS Add-on Per Diem = 0.0% (to Routine Svcs)			\$0.00	\$0.00								
Nurse Staff Hrs / Quality Add-on Per Diem = 1.0%			\$1.25	\$1.25								
Nursing Home Provider Fee			\$17.10						17.10			
Total Quarterly Per Diem Add-On Amounts			\$18.35									
Quarterly Case Mix Based Per Diem Rate			\$263.71	\$125.86		\$30.16	\$25.07		\$42.37	\$2.42	\$37.66	\$0.17
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%			\$184.95									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Ridgewood Manor Nursing Home</b>  Prvdr ID: <b>00142744A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 47.4%  Nurse Hours per On-Site Day/Quality Incentive: 2.80 </div> <div> Facility Score  Add-on Percent  13.37%  5.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.3042  Quarterly Medicaid CMI: 1.5421  Qtrly Mcaid CMI w RUG Wght Options: 1.5677 </div> <div> Facility Specific  1.3042  1.5421  1.5677 </div> <div> State-wide  1.3617  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R - FY 2018 GL-PL Rpt	\$5,189,983	\$3,025,952	\$0	\$553,960	\$367,214	\$335,603	\$554,570	\$10,206	\$342,478	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$21,808)	(\$997)	\$0	(\$2,486)	\$0	\$0	(\$20,811)		(\$487)	\$2,973
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,168,175	\$3,024,955	\$0	\$551,474	\$367,214	\$335,603	\$533,759	\$10,206	\$341,991	\$2,973
8	Total Nursing Facility Days As Filed Days = 34,794	FY12 Audited C/R Days	34,794									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,238	FY 18 GL-PL Ins Rpt Days								36,238		
10	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$148.53	\$86.94	\$0.00	\$15.85	\$20.20	(with L&H)	\$15.34	\$0.28	\$9.83	\$0.09
11	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3042								
12	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.66								
13	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$66.66	\$0.00	\$15.85	\$20.20		\$15.34	\$0.28	\$9.83	\$0.09
14	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
15	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.43	\$66.66	\$0.00	\$15.85	\$20.20		\$15.34	\$0.28	8.01 (FRV)	\$0.09
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
16	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$15.78	\$8.91	\$0.00	\$2.12	\$2.70	\$0.00	\$2.05	N/A	N/A	N/A
17	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.21	\$75.57	\$0.00	\$17.97	\$22.90	\$0.00	\$17.39	\$0.28	\$8.01	\$0.09
18	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5677								
19	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.47								
20	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$185.11	\$118.47	\$0.00	\$17.97	\$22.90	\$0.00	\$17.39	\$0.28	\$8.01	\$0.09
<b>Quarterly Per Diem Add-on Amounts</b>												
21	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
22	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.52	\$6.52								
23	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.55	\$3.55								
24	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
25	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.70	\$10.60	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
26	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$213.81	\$129.07	\$0.00	\$18.19	\$23.31	\$0.00	\$34.86	\$0.28	\$8.01	\$0.09
27	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$147.53									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

**FINAL**

<div> <div> Provider: <b>River Towne Center</b>  Prvdr ID: <b>00082684A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: <b>N/A</b>  Qtrly BIMS score: <b>51.5%</b>  Nurse Hours per On-Site Day/Quality Incentive: <b>3.61</b> </div> <div> Facility Score: <b>N/A</b>  Add-on Percent: <b>13.37%</b>  5.5%  2.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: <b>1.4711</b>  Quarterly Medicaid CMI: <b>1.7203</b>  Qtrly Mcaid CMI w RUG Wght Options: <b>1.7524</b> </div> <div> Facility Specific: <b>1.4711</b>  1.7203  1.7524 </div> <div> State-wide: <b>1.3617</b>  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,579,475	\$3,742,499	\$0	\$789,011	\$419,448	\$517,410	\$1,724,757	\$75,197	\$311,153	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$767,781)	(\$75,410)	\$0	(\$1,345)	\$2,452	(\$28,977)	(\$670,810)		(\$44,706)	\$51,015
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,811,694	\$3,667,089	\$0	\$787,666	\$421,900	\$488,433	\$1,053,947	\$75,197	\$266,447	\$51,015
8	Total Nursing Facility Days As Filed Days = 59,741	FY12 Audited C/R Days	59,753									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,467	FY 18 GL-PL Ins Rpt Days								34,467		
10	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$114.91	\$61.37	\$0.00	\$13.18	\$15.23	(with L&H)	\$17.64	\$2.18	\$4.46	\$0.85
11	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4711								
12	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$41.72								
13	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$41.72	\$0.00	\$13.18	\$15.23		\$17.64	\$2.18	\$4.46	\$0.85
14	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
15	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$98.26	\$41.72	\$0.00	\$13.18	\$15.23		\$17.64	\$2.18	7.46 (FRV)	\$0.85
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
16	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$11.74	\$5.58	\$0.00	\$1.76	\$2.04	\$0.00	\$2.36	N/A	N/A	N/A
17	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$110.00	\$47.30	\$0.00	\$14.94	\$17.27	\$0.00	\$20.00	\$2.18	\$7.46	\$0.85
18	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7524								
19	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.89								
20	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$145.59	\$82.89	\$0.00	\$14.94	\$17.27	\$0.00	\$20.00	\$2.18	\$7.46	\$0.85
<b>Quarterly Per Diem Add-on Amounts</b>												
21	Efficiency Add-on Per Diem ((Stdnd - Alwjd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
22	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.56	\$4.56								
23	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.66	\$1.66								
24	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
25	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.85	\$6.75	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
26	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$170.44	\$89.64	\$0.00	\$15.16	\$17.68	\$0.00	\$37.47	\$2.18	\$7.46	\$0.85
27	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$115.01									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

**FINAL**

<div> <div> Provider: <b>Riverdale Place Care and Rehab</b>  Prvdr ID: <b>00083289A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: <b>N/A</b>  Qtrly BIMS score: <b>47.3%</b>  Nurse Hours per On-Site Day/Quality Incentive: <b>3.63</b> </div> <div> Facility Score: <b>N/A</b>  Add-on Percent: <b>13.37%</b>  <b>5.5%</b>  <b>3.0%</b> </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: <b>1.5593</b>  Quarterly Medicaid CMI: <b>1.6174</b>  Qtrly Mcaid CMI w RUG Wght Options: <b>1.6479</b> </div> <div> Facility Specific: <b>1.5593</b>  <b>1.6174</b>  <b>1.6479</b> </div> <div> State-wide: <b>1.3617</b>  <b>1.5382</b>  <b>1.5656</b> </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,549,117	\$3,503,673	\$0	\$703,323	\$313,173	\$455,189	\$1,705,397	\$77,587	\$790,775	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$576,443)	(\$241,794)	\$0	(\$23,693)	\$15,860	(\$5,010)	(\$342,780)		(\$22,844)	\$43,818
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,972,674	\$3,261,879	\$0	\$679,630	\$329,033	\$450,179	\$1,362,617	\$77,587	\$767,931	\$43,818
8	Total Nursing Facility Days As Filed Days = 52,850	FY12 Audited C/R Days	52,862									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 50,021	FY 18 GL-PL Ins Rpt Days								50,021		
10	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$132.00	\$61.71	\$0.00	\$12.86	\$14.74	(with L&H)	\$25.78	\$1.55	\$14.53	\$0.83
11	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5593								
12	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$39.57								
13	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$39.57	\$0.00	\$12.86	\$14.74		\$25.78	\$1.55	\$14.53	\$0.83
14	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
15	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$98.90	\$39.57	\$0.00	\$12.86	\$14.74		\$20.56	\$1.55	8.79 (FRV)	\$0.83
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
16	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$11.73	\$5.29	\$0.00	\$1.72	\$1.97	\$0.00	\$2.75	N/A	N/A	N/A
17	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$110.63	\$44.86	\$0.00	\$14.58	\$16.71	\$0.00	\$23.31	\$1.55	\$8.79	\$0.83
18	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6479								
19	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$73.92								
20	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$139.69	\$73.92	\$0.00	\$14.58	\$16.71	\$0.00	\$23.31	\$1.55	\$8.79	\$0.83
<b>Quarterly Per Diem Add-on Amounts</b>												
21	Efficiency Add-on Per Diem ((Stdnd - Alwdf) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
22	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.07	\$4.07								
23	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.22	\$2.22								
24	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
25	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.55	\$6.82	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
26	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$164.24	\$80.74	\$0.00	\$14.80	\$17.12	\$0.00	\$40.41	\$1.55	\$8.79	\$0.83
27	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$110.36									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

**FINAL**

<div> <div> Provider: <b>Riverside Health &amp; Rheab of Thomaston</b>  Prvdr ID: <b>00140346A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b> </div> <div> Nurse Hours per On-Site Day/Quality Incentive: </div> </div> <div> Add-on Data and Percentages  Growth Allowance: <b>N/A</b>  Qtrly BIMS score: <b>51.1%</b>  3.28 </div> <div> Facility Score: <b>N/A</b>  Add-on Percent: <b>13.37%</b>  5.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: <b>1.1990</b>  Quarterly Medicaid CMI: <b>1.4572</b>  Qtrly Mcaid CMI w RUG Wght Options: <b>1.4826</b>  1.5656 </div> <div> Facility Specific: <b>1.1990</b>  1.4572  1.4826 </div> <div> State-wide: <b>1.3617</b>  1.5382  1.5656 </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,768,047	\$1,921,998	\$0	\$433,814	\$281,964	\$209,067	\$568,282	\$69,795	\$283,127	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$18,950)	\$0	\$0	(\$1,632)	\$0	\$0	(\$17,576)		(\$20,760)	\$21,018
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,749,097	\$1,921,998	\$0	\$432,182	\$281,964	\$209,067	\$550,706	\$69,795	\$262,367	\$21,018
8	Total Nursing Facility Days As Filed Days = 26,092	FY12 Audited C/R Days	26,092									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,564	FY 18 GL-PL Ins Rpt Days								24,564		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$143.86	\$73.66	\$0.00	\$16.56	\$18.82	(with L&H)	\$21.11	\$2.84	\$10.06	\$0.81
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.1990</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.44								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$61.44	\$0.00	\$16.56	\$18.82		\$21.11	\$2.84	\$10.06	\$0.81
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$130.52	\$61.44	\$0.00	\$16.56	\$18.82		\$20.56	\$2.84	9.49 (FRV)	\$0.81
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$15.69	\$8.21	\$0.00	\$2.21	\$2.52	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$146.21	\$69.65	\$0.00	\$18.77	\$21.34	\$0.00	\$23.31	\$2.84	\$9.49	\$0.81
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.4826</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.26								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$179.82	\$103.26	\$0.00	\$18.77	\$21.34	\$0.00	\$23.31	\$2.84	\$9.49	\$0.81
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.68	\$5.68								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$3.10	\$3.10								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.04	\$9.31	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$206.86</b>	<b>\$112.57</b>	<b>\$0.00</b>	<b>\$18.99</b>	<b>\$21.75</b>	<b>\$0.00</b>	<b>\$40.41</b>	<b>\$2.84</b>	<b>\$9.49</b>	<b>\$0.81</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$142.32</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY13 Cost Report Data

FINAL

Provider: <b>Riverside Healthcare Center</b> Prvdr ID: <b>00140324A</b>			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: <b>04/01/21</b>			Growth Allowance: <b>N/A</b>		<b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.4742</b>				<b>1.3699</b>	<b>1.3699</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/20</b>			Qtrly BIMS score: <b>43.2%</b>		<b>43.2%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.6789</b>				<b>1.5382</b>	<b>1.5382</b>
Nurse Hours per On-Site Day/Quality Incentive: <b>2.67</b>					<b>2.67</b>	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.7099</b>				<b>1.7099</b>	<b>1.5656</b>
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY13 C/R	\$8,557,807	\$3,643,664	\$0	\$713,583	\$392,096	\$421,991	\$1,426,273	\$204,379	\$1,755,821	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	(\$86,958)	\$0	\$0	\$0	\$0	\$0	(\$86,958)		(\$68,512)	\$68,512
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$8,470,849	\$3,643,664	\$0	\$713,583	\$392,096	\$421,991	\$1,339,315	\$204,379	\$1,687,309	\$68,512
8	Total Nursing Facility Days As Filed Days = 52,821	FY13 Audited C/R Days	52,821									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 52,896	FY 18 GL-PL Ins Rpt Days								52,896		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$160.36	\$68.98	\$0.00	\$13.51	\$15.41	(with L&H)	\$25.36	\$3.86	\$31.94	\$1.30
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.4742								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.79								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$46.79	\$0.00	\$13.51	\$15.41		\$25.36	\$3.86	\$31.94	\$1.30
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.90	\$0.00	\$19.14	\$23.27		\$23.46	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$112.49	\$46.79	\$0.00	\$13.51	\$15.41		\$23.46	\$3.86	8.16 (FRV)	\$1.30
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Allwnc %	\$13.27	\$6.26	\$0.00	\$1.81	\$2.06	\$0.00	\$3.14	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$125.76	\$53.05	\$0.00	\$15.32	\$17.47	\$0.00	\$26.60	\$3.86	\$8.16	\$1.30
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7099								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.71								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$163.42	\$90.71	\$0.00	\$15.32	\$17.47	\$0.00	\$26.60	\$3.86	\$8.16	\$1.30
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((SInd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.27	\$2.27								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.72	\$2.72								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.25	\$5.52	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$186.67	\$96.23	\$0.00	\$15.54	\$17.88	\$0.00	\$43.70	\$3.86	\$8.16	\$1.30
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$127.18									



Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Riverview Health & Rehab Ctr			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00040741A			Growth Allowance:		N/A	13.37%	Base Period Overall CMI:				1.2970	1.3617	
H/B ?: No			Case Mix Per Diem Rate Effective Date: 04/01/21		BIMS:	20.4%	1.0%	Quarterly Medicaid CMI:				1.3878	1.5438
MDS & Nurse Hrs Data per Quarter Ending: 12/31/20			Nurse Hours per On-Site Day/Quality Incentive:		3.90	3.0%	Qrtly Mcaid CMI w RUG Wght Options:				1.4095	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g		h	i	
CASE MIX BASED RATE CALCULATIONS													
Cost Center Peer Groups per Selected Options				1	1	2	1	1	1				
Type of Facility within Peer Group				All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities				
Bed Size Range within Peer Group				All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes				
Peer Group Standards & Efficiency Measure Limits													
Peer Group Standards: Percentile				90.0%	90.0%	90.0%	85.0%		50.0%				
Peer Group Standards: Multiplier				100.0%	100.0%	100.0%	100.0%		105.0%				
Efficiency Measures (Maximums)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Per Diem Costs and Add-ons													
GL-PL- Insurance Costs				FY2018 GL-PL Ins. Rpt						\$ 183,420			
Total Nursing Facility Days GL-PL Ins. Rpt				FY2018 GL-PL Ins. Rpt						52,177			
Standard Per Diem (After CMA for Routine Svcs)				FY 2012 Peer Group Limit							\$29.14	\$0.45	
Allowed @ 95% of Std				\$156.48	\$67.93	\$17.49	\$23.09		\$20.56		\$29.14	\$0.45	
Growth Allowance 13.4%				\$16.97	\$9.08	\$2.34	\$2.93		\$2.61				
CMA Allowed Per Diem (After Growth Allowance)				\$176.97	\$77.01	\$19.83	\$24.87		\$22.14	\$ 3.52	\$29.14	\$0.45	
Quarterly Facility Case Mix Index for Medicaid Residents					1.4095						(FRV Rate)		
Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem					\$108.55								
Quarterly Medicaid CMA Allowed Per Diem				\$208.50	\$108.55	\$19.83	\$24.87		\$22.14	\$3.52	\$29.14	\$0.45	
Quarterly Per Diem Add-On Amounts													
BIMS Add-on Per Diem = 1.0% (to Routine Svcs)				\$1.09	\$1.09								
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%				\$3.26	\$3.26								
Nursing Home Provider Fee				\$17.10					17.10				
Total Quarterly Per Diem Add-On Amounts				\$21.44									
Quarterly Case Mix Based Per Diem Rate				\$229.94	\$112.89	\$19.83	\$24.87		\$39.24	\$3.52	\$29.14	\$0.45	
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%				\$159.63									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Roberta Health Care</b>  Prvdr ID: <b>00142777A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: <b>N/A</b>  Qtrly BIMS score: <b>45.1%</b>  Nurse Hours per On-Site Day/Quality Incentive: <b>2.09</b> </div> <div> Facility Score: <b>N/A</b>  Add-on Percent: <b>13.37%</b>  5.5%  2.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: <b>1.4576</b>  Quarterly Medicaid CMI: <b>1.9020</b>  Qtrly Mcaid CMI w RUG Wght Options: <b>1.9396</b> </div> <div> Facility Specific: <b>1.4576</b>  1.9020  1.9396 </div> <div> State-wide: <b>1.3617</b>  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,863,402	\$1,784,247	\$0	\$358,580	\$227,942	\$234,248	\$553,791	\$29,540	\$675,054	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$211,158)	(\$177,791)	\$0	(\$818)	(\$6,713)	\$9,266	(\$26,528)		(\$37,442)	\$28,868
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,652,244	\$1,606,456	\$0	\$357,762	\$221,229	\$243,514	\$527,263	\$29,540	\$637,612	\$28,868
8	Total Nursing Facility Days As Filed Days = 32,286	FY12 Audited C/R Days	32,286									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,995	FY 18 GL-PL Ins Rpt Days								29,995		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$113.18	\$49.76	\$0.00	\$11.08	\$14.39	(with L&H)	\$16.33	\$0.98	\$19.75	\$0.89
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<b>1.4576</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$34.14								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$34.14	\$0.00	\$11.08	\$14.39		\$16.33	\$0.98	\$19.75	\$0.89
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$84.68	\$34.14	\$0.00	\$11.08	\$14.39		\$16.33	\$0.98	6.87 (FRV)	\$0.89
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
15	Growth Allowance Percentage = <b>13.37%</b>	Ln 14 x Grwth Allwnc %	\$10.14	\$4.56	\$0.00	\$1.48	\$1.92	\$0.00	\$2.18	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$94.82	\$38.70	\$0.00	\$12.56	\$16.31	\$0.00	\$18.51	\$0.98	\$6.87	\$0.89
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.9396</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$75.06								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$131.18	\$75.06	\$0.00	\$12.56	\$16.31	\$0.00	\$18.51	\$0.98	\$6.87	\$0.89
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <b>5.5%</b> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.13	\$4.13								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <b>2.0%</b> (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$1.50	\$1.50								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.26	\$6.16	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$155.44</b>	<b>\$81.22</b>	<b>\$0.00</b>	<b>\$12.78</b>	<b>\$16.72</b>	<b>\$0.00</b>	<b>\$35.98</b>	<b>\$0.98</b>	<b>\$6.87</b>	<b>\$0.89</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$103.76</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Rockdale Healthcare</b>  Prvdr ID: <b>00838252A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: <b>N/A</b>  Qtrly BIMS score: <b>27.4%</b>  Nurse Hours per On-Site Day/Quality Incentive: <b>4.70</b> </div> <div> Facility Score: <b>N/A</b>  Add-on Percent: <b>13.37%</b>  1.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: <b>1.6517</b>  Quarterly Medicaid CMI: <b>1.7092</b>  Qtrly Mcaid CMI w RUG Wght Options: <b>1.7412</b> </div> <div> Facility Specific: <b>1.6517</b>  State-wide: <b>1.3617</b>  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,311,907	\$2,758,651	\$0	\$513,684	\$258,570	\$389,908	\$1,416,663	\$128,540	\$1,845,891	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$241,133)	\$0	\$0	\$0	(\$9,128)	(\$13,765)	(\$153,072)		(\$190,364)	\$125,196
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,070,774	\$2,758,651	\$0	\$513,684	\$249,442	\$376,143	\$1,263,591	\$128,540	\$1,655,527	\$125,196
8	Total Nursing Facility Days As Filed Days = 34,294	FY12 Audited C/R Days	34,294									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,390	FY 18 GL-PL Ins Rpt Days								33,390		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$206.28	\$80.44	\$0.00	\$14.98	\$18.24	(with L&H)	\$36.85	\$3.85	\$48.27	\$3.65
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<b>1.6517</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.70								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$48.70	\$0.00	\$14.98	\$18.24		\$36.85	\$3.85	\$48.27	\$3.65
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$123.98	\$48.70	\$0.00	\$14.98	\$18.24		\$20.56	\$3.85	14.00 (FRV)	\$3.65
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$13.70	\$6.51	\$0.00	\$2.00	\$2.44	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$137.68	\$55.21	\$0.00	\$16.98	\$20.68	\$0.00	\$23.31	\$3.85	\$14.00	\$3.65
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.7412</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.13								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.60	\$96.13	\$0.00	\$16.98	\$20.68	\$0.00	\$23.31	\$3.85	\$14.00	\$3.65
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Snd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.96	\$0.96								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.88	\$2.88								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.10	\$4.37	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$200.70</b>	<b>\$100.50</b>	<b>\$0.00</b>	<b>\$17.20</b>	<b>\$21.09</b>	<b>\$0.00</b>	<b>\$40.41</b>	<b>\$3.85</b>	<b>\$14.00</b>	<b>\$3.65</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$137.70</b>									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Rockmart Health Prvdr ID: 003182988A H/B ? : No			Add-on Data and Percentages Growth Allowance: BIMS: Nurse Hours per On-Site Day/Quality Incentive:			Facility Score N/A 29.7% 3.87	Add-on Percent 13.37% 1.0% 3.0%	Case Mix Index (CMI) Data Base Period Overall CMI: Quarterly Medicaid CMI: Qtrly Mcaid CMI w RUG Wght Options:			Facility Specific Use Stwd 1.5926 1.6209	State-wide 1.3617 1.5438 1.5713
Line #	Description	Sources / Calculations	Totals a	Routine Services b	Special Services c	Dietary d	Laundry & Houskpng e	Plant Operatns & Maint f	Admin and General g	A&G- GL-PL Insurance	Property and Related h	Taxes and Insurance i
CASE MIX BASED RATE CALCULATIONS												
Cost Center Peer Groups per Selected Options				1	1	2	1	1	1			
Type of Facility within Peer Group				All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
Bed Size Range within Peer Group				All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
Peer Group Standards: Percentile				90.0%	90.0%	90.0%	85.0%		50.0%			
Peer Group Standards: Multiplier				100.0%	100.0%	100.0%	100.0%		105.0%			
Efficiency Measures (Maximums)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Per Diem Costs and Add-ons												
GL-PL- Insurance Costs		FY2018 GL-PL Ins. Rpt								\$23,590.00		
Total Nursing Facility Days GL-PL Ins. Rpt		FY2018 GL-PL Ins. Rpt								14,490		
Standard Per Diem (After CMA for Routine Svcs)		FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$8.55	\$0.00
Allowed @ 90% of Std			\$128.76	\$64.36		\$16.57	\$20.78		\$18.50		\$8.55	\$0.00
Growth Allowance 13.37%			\$16.07	\$8.60		\$2.22	\$2.78		\$2.47			
CMA Allowed Per Diem (After Growth Allowance)			\$146.46	\$72.96		\$18.79	\$23.56		\$20.97	\$ 1.63	8.55	\$0.00
Quarterly Facility Case Mix Index for Medicaid Residents				1.6209							(FRV Rate)	
Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem				\$118.27								
Quarterly Medicaid CMA Allowed Per Diem			\$191.77	\$118.27		\$18.79	\$23.56		\$20.97	\$1.63	\$8.55	\$0.00
Quarterly Per Diem Add-On Amounts												
BIMS Add-on Per Diem = 1.0% to Routine Svcs)			\$1.18	\$1.18								
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%			\$3.55	\$3.55								
Nursing Home Provider Fee			\$17.10						17.10			
Total Quarterly Per Diem Add-On Amounts			\$21.83									
Quarterly Case Mix Based Per Diem Rate			\$213.60	\$123.00		\$18.79	\$23.56		\$38.07	\$1.63	\$8.55	\$0.00
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%		\$147.37										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Rome Health and Rehab</b>  Prvdr ID: <b>00140753A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score 17.0%  Nurse Hours per On-Site Day/Quality Incentive: 4.21 </div> <div> Facility Score  Add-on Percent  13.37%  0.0%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.6744  Quarterly Medicaid CMI: 1.7476  Qtrly Mcaid CMI w RUG Wght Options: 1.7795 </div> <div> Facility Specific  1.6744  1.7476  1.7795 </div> <div> State-wide  1.3617  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,288,642	\$2,802,923	\$0	\$515,153	\$185,219	\$292,081	\$1,230,951	\$2,885	\$259,430	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$389,506)	\$0	\$0	\$0	\$0	\$1,892	(\$391,398)		(\$38,357)	\$38,357
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,899,136	\$2,802,923	\$0	\$515,153	\$185,219	\$293,973	\$839,553	\$2,885	\$221,073	\$38,357
8	Total Nursing Facility Days As Filed Days = 34,077	FY12 Audited C/R Days	34,077									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,075	FY 18 GL-PL Ins Rpt Days								33,075		
10	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$143.78	\$82.25	\$0.00	\$15.12	\$14.06	(with L&H)	\$24.64	\$0.09	\$6.49	\$1.13
11	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.6744								
12	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.12								
13	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$49.12	\$0.00	\$15.12	\$14.06		\$24.64	\$0.09	\$6.49	\$1.13
14	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
15	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$114.72	\$49.12	\$0.00	\$15.12	\$14.06		\$20.56	\$0.09	14.64 (FRV)	\$1.13
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
16	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$13.22	\$6.57	\$0.00	\$2.02	\$1.88	\$0.00	\$2.75	N/A	N/A	N/A
17	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$127.94	\$55.69	\$0.00	\$17.14	\$15.94	\$0.00	\$23.31	\$0.09	\$14.64	\$1.13
18	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7795								
19	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	\$99.10	\$99.10	\$0.00	\$17.14	\$15.94	\$0.00	\$23.31	\$0.09	\$14.64	\$1.13
20	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$171.35	\$99.10	\$0.00	\$17.14	\$15.94	\$0.00	\$23.31	\$0.09	\$14.64	\$1.13
<b>Quarterly Per Diem Add-on Amounts</b>												
21	Efficiency Add-on Per Diem ((Snd - Akwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
22	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
23	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$2.97	\$2.97								
24	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
25	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.23	\$3.50	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
26	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$192.58	\$102.60	\$0.00	\$17.36	\$16.35	\$0.00	\$40.41	\$0.09	\$14.64	\$1.13
27	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$131.61									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Rose City Health and Rehab Ctr</b>  Prvdr ID: <b>00083311A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: <b>N/A</b>  Qtrly BIMS score: <b>28.2%</b>  Nurse Hours per On-Site Day/Quality Incentive: <b>3.27</b> </div> <div> Facility Score: <b>N/A</b>  Add-on Percent: <b>13.37%</b>  1.0%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: <b>1.5200</b>  Quarterly Medicaid CMI: <b>1.7557</b>  Qtrly Mcaid CMI w RUG Wght Options: <b>1.7881</b> </div> <div> Facility Specific: <b>1.5200</b>  1.7557  1.7881 </div> <div> State-wide: <b>1.3617</b>  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R - FY 2018 GL-PL Rpt	\$3,126,174	\$1,633,291	\$0	\$380,920	\$133,234	\$163,580	\$657,966	\$2,601	\$154,582	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$21,254)	\$0	\$0	\$0	\$0	\$0	(\$21,254)		(\$27,958)	\$27,958
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,104,920	\$1,633,291	\$0	\$380,920	\$133,234	\$163,580	\$636,712	\$2,601	\$126,624	\$27,958
8	Total Nursing Facility Days As Filed Days = 23,503	FY12 Audited C/R Days	23,503									
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	FY 18 GL-PL Ins Rpt Days								23,180		
		Ln 7 / Ln 8 Col a	\$132.11	\$69.49	\$0.00	\$16.21	\$12.63	(with L&H)	\$27.09	\$0.11	\$5.39	\$1.19
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5200								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$45.72								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$45.72	\$0.00	\$16.21	\$12.63		\$27.09	\$0.11	\$5.39	\$1.19
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$106.56	\$45.72	\$0.00	\$16.21	\$12.63		\$20.56	\$0.11	10.14 (FRV)	\$1.19
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$12.72	\$6.11	\$0.00	\$2.17	\$1.69	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$119.28	\$51.83	\$0.00	\$18.38	\$14.32	\$0.00	\$23.31	\$0.11	\$10.14	\$1.19
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7881								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.68								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$160.13	\$92.68	\$0.00	\$18.38	\$14.32	\$0.00	\$23.31	\$0.11	\$10.14	\$1.19
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.93	\$0.93								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.78	\$2.78								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.97	\$4.24	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$182.10</b>	<b>\$96.92</b>	<b>\$0.00</b>	<b>\$18.60</b>	<b>\$14.73</b>	<b>\$0.00</b>	<b>\$40.41</b>	<b>\$0.11</b>	<b>\$10.14</b>	<b>\$1.19</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$123.75</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Rosemont at Stone Mountain</b>  Prvdr ID: <b>00587331A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: <b>N/A</b>  Qtrly BIMS score: <b>38.7%</b>  Nurse Hours per On-Site Day/Quality Incentive: <b>3.09</b> </div> <div> Facility Score: <b>N/A</b>  Add-on Percent: <b>13.37%</b>  <b>2.5%</b>  <b>1.0%</b> </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: <b>1.2404</b>  Quarterly Medicaid CMI: <b>1.7999</b>  Qtrly Mcaid CMI w RUG Wght Options: <b>1.8349</b> </div> <div> Facility Specific: <b>1.2404</b>  <b>1.7999</b>  <b>1.8349</b> </div> <div> State-wide: <b>1.3617</b>  <b>1.5382</b>  <b>1.5656</b> </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,929,612	\$3,610,194	\$0	\$738,385	\$441,937	\$436,558	\$1,115,915	\$162,798	\$423,825	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$231,415)	\$811	\$0	\$1,600	\$0	\$204	(\$239,816)		(\$128,317)	\$134,103
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,698,198	\$3,611,005	\$0	\$739,985	\$441,937	\$436,762	\$876,100	\$162,798	\$295,508	\$134,103
8	Total Nursing Facility Days As Filed Days = 50,566	FY12 Audited C/R Days	50,566									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 49,615	FY 18 GL-PL Ins Rpt Days								49,615		
10	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$132.52	\$71.41	\$0.00	\$14.63	\$17.38	(with L&H)	\$17.33	\$3.28	\$5.84	\$2.65
11	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2404								
12	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.57								
13	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$57.57	\$0.00	\$14.63	\$17.38		\$17.33	\$3.28	\$5.84	\$2.65
14	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
15	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$124.90	\$57.57	\$0.00	\$14.63	\$17.38		\$17.33	\$3.28	12.06 (FRV)	\$2.65
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
16	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14.30	\$7.70	\$0.00	\$1.96	\$2.32	\$0.00	\$2.32	N/A	N/A	N/A
17	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$139.20	\$65.27	\$0.00	\$16.59	\$19.70	\$0.00	\$19.65	\$3.28	\$12.06	\$2.65
18	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8349								
19	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	\$119.76	\$119.76								
20	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193.69	\$119.76	\$0.00	\$16.59	\$19.70	\$0.00	\$19.65	\$3.28	\$12.06	\$2.65
<b>Quarterly Per Diem Add-on Amounts</b>												
21	Efficiency Add-on Per Diem ((Stnd - Alwld) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
22	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.99	\$2.99								
23	Nurse Staff Hrs / Quality Add-on Per Diem : 1.0% (to Routine Svcs)	Ln 19 Col b x Sfing Add-on	\$1.20	\$1.20								
24	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
25	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.82	\$4.72	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
26	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$216.51	\$124.48	\$0.00	\$16.81	\$20.11	\$0.00	\$37.12	\$3.28	\$12.06	\$2.65
27	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$149.56									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Ross Memorial Health Care Center</b>  Prvdr ID: <b>00142942A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: <b>N/A</b>  Qtrly BIMS score: <b>20.6%</b>  Nurse Hours per On-Site Day/Quality Incentive: <b>5.04</b> </div> <div> Facility Score: <b>N/A</b>  Add-on Percent: <b>13.37%</b>  1.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: <b>1.2961</b>  Quarterly Medicaid CMI: <b>1.2242</b>  Qtrly Mcaid CMI w RUG Wght Options: <b>1.2407</b> </div> <div> Facility Specific: <b>1.2961</b>  1.2242  1.2407 </div> <div> State-wide: <b>1.3617</b>  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,274,989	\$2,812,004	\$0	\$651,994	\$351,015	\$344,862	\$738,325	\$64,497	\$312,292	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$135,149)	(\$275)	\$0	\$8,437	\$26,924	(\$16,281)	(\$167,136)		(\$56,986)	\$70,168
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,139,840	\$2,811,729	\$0	\$660,431	\$377,939	\$328,581	\$571,189	\$64,497	\$255,306	\$70,168
8	Total Nursing Facility Days As Filed Days = 32,995	FY12 Audited C/R Days	32,995									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,584	FY 18 GL-PL Ins Rpt Days								30,584		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$155.94	\$85.22	\$0.00	\$20.02	\$21.41	(with L&H)	\$17.31	\$2.11	\$7.74	\$2.13
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.2961</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.75								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$65.75	\$0.00	\$20.02	\$21.41		\$17.31	\$2.11	\$7.74	\$2.13
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$139.74	\$65.75	\$0.00	\$18.41	\$21.41		\$17.31	\$2.11	12.62 (FRV)	\$2.13
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Altwnc %	\$16.42	\$8.79	\$0.00	\$2.46	\$2.86	\$0.00	\$2.31	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$156.16	\$74.54	\$0.00	\$20.87	\$24.27	\$0.00	\$19.62	\$2.11	\$12.62	\$2.13
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.2407</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.48								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.10	\$92.48	\$0.00	\$20.87	\$24.27	\$0.00	\$19.62	\$2.11	\$12.62	\$2.13
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.92	\$0.92								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Sfing Add-on	\$2.77	\$2.77								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.10	\$4.22	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$196.20</b>	<b>\$96.70</b>	<b>\$0.00</b>	<b>\$20.87</b>	<b>\$24.68</b>	<b>\$0.00</b>	<b>\$37.09</b>	<b>\$2.11</b>	<b>\$12.62</b>	<b>\$2.13</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$134.33</b>									



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY14 Cost Report Data

FINAL

<div> <div> Provider: <b>Roswell Nursing &amp; Rehab Ctr</b>  Prvdr ID: <b>00141248A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score 39.4%  Nurse Hours per On-Site Day/Quality Incentive: 3.20 </div> <div> Facility Score  Add-on Percent  13.37%  2.5%  1.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.6341  Quarterly Medicaid CMI: 1.6650  Qtrly Mcaid CMI w RUG Wght Options: 1.6960 </div> <div> Facility Specific  State-wide  1.4014  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY 14 C/R - FY 18 GL-PL Rpt	\$7,743,053	\$4,498,611	\$0	\$557,983	\$242,060	\$378,928	\$1,148,453	\$24,135	\$892,883	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY14 C/R Audit Adjstmnts	(\$211,557)	(\$39,976)	\$0	\$0	(\$1,285)	(\$2,011)	(\$163,544)		(\$77,460)	\$72,719
7	Cost Center Costs After Audit Adjustments	FY14 Audited C/R	\$7,531,496	\$4,458,635	\$0	\$557,983	\$240,775	\$376,917	\$984,909	\$24,135	\$815,423	\$72,719
8	Total Nursing Facility Days As Filed Days = 34,081	FY14 Audited C/R Days	34,081									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 78,295	FY 18 GL-PL Ins Rpt Days								78,295		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$220.58	\$130.82	\$0.00	\$16.37	\$18.12	(with L&H)	\$28.90	\$0.31	\$23.93	\$2.13
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.6341								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.06								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$80.06	\$0.00	\$16.37	\$18.12		\$28.90	\$0.31	\$23.93	\$2.13
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.31	\$0.00	\$19.52	\$23.55		\$24.02	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$143.70	\$73.31	\$0.00	\$16.37	\$18.12		\$24.02	\$0.31	9.44 (FRV)	\$2.13
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Allwnc %	\$17.62	\$9.80	\$0.00	\$2.19	\$2.42	\$0.00	\$3.21	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$161.32	\$83.11	\$0.00	\$18.56	\$20.54	\$0.00	\$27.23	\$0.31	\$9.44	\$2.13
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6960								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$140.95								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$219.16	\$140.95	\$0.00	\$18.56	\$20.54	\$0.00	\$27.23	\$0.31	\$9.44	\$2.13
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([(Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.52	\$3.52								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.41	\$1.41								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.66	\$4.93	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$241.82	\$145.88	\$0.00	\$18.78	\$20.95	\$0.00	\$44.33	\$0.31	\$9.44	\$2.13
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$168.54									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Sadie G. Mays Health & Rehab Center			<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 00141842A			Growth Allowance:		N/A	13.37%	Base Period Overall CMI:			1.3125	1.3617
H/B ? : No			Case Mix Per Diem Rate Effective Date: 04/01/21		BIMS: 41.8%	2.5%	Quarterly Medicaid CMI:			1.4791	1.5438
MDS & Nurse Hrs Data per Quarter Ending: 12/31/20			Nurse Hours per On-Site Day/Quality Incentive:		3.32	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5046	1.5713

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								\$188,573.00		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								65,261		
	Standard Per Diem (After CMA for Routine Srvc)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$10.84	\$0.54
	Allowed @ 90% of Std		\$131.59	\$64.36		\$16.57	\$20.78		\$18.50		\$10.84	\$0.54
	Growth Allowance 13.37%		\$16.07	\$8.60		\$2.22	\$2.78		\$2.47			
	CMA Allowed Per Diem (After Growth Allowance)		\$150.55	\$72.96		\$18.79	\$23.56		\$20.97	\$ 2.89	10.84	\$0.54
	Quarterly Facility Case Mix Index for Medicaid Residents			1.5046							(FRV Rate)	
	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem			\$109.78								
	Quarterly Medicaid CMA Allowed Per Diem		\$187.37	\$109.78		\$18.79	\$23.56		\$20.97	\$2.89	\$10.84	\$0.54
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 2.5% to Routine Srvc)		\$2.74	\$2.74								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$3.29	\$3.29								
	Nursing Home Provider Fee		\$0.00									
	Total Quarterly Per Diem Add-On Amounts		\$6.04									
	Quarterly Case Mix Based Per Diem Rate		\$193.41	\$115.82		\$18.79	\$23.56		\$20.97	\$2.89	\$10.84	\$0.54
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$145.06										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Savannah Beach Nursing &amp; Rehab Center</b>  Prvdr ID: <b>00142876A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: <b>N/A</b>  Qtrly BIMS score: <b>43.6%</b>  Nurse Hours per On-Site Day/Quality Incentive: <b>3.35</b> </div> <div> Facility Score: <b>N/A</b>  Add-on Percent: <b>13.37%</b>  2.5%  2.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: <b>1.1996</b>  Quarterly Medicaid CMI: <b>1.3211</b>  Qtrly Mcaid CMI w RUG Wght Options: <b>1.3442</b> </div> <div> Facility Specific: <b>1.1996</b>  State-wide: <b>1.3617</b>  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,155,375	\$1,096,757	\$0	\$118,073	\$159,016	\$117,189	\$328,921	\$35,457	\$299,962	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	\$234,732	\$112,227	\$0	\$129,959	(\$11,543)	\$10,629	(\$36,575)		\$17,932	\$12,103
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,390,107	\$1,208,984	\$0	\$248,032	\$147,473	\$127,818	\$292,346	\$35,457	\$317,894	\$12,103
8	Total Nursing Facility Days As Filed Days = 16,732	FY12 Audited C/R Days	16,427									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,582	FY 18 GL-PL Ins Rpt Days								15,582		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$145.63	\$73.60	\$0.00	\$15.10	\$16.76	(with L&H)	\$17.80	\$2.28	\$19.35	\$0.74
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1996								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.35								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$61.35	\$0.00	\$15.10	\$16.76		\$17.80	\$2.28	\$19.35	\$0.74
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$123.52	\$61.35	\$0.00	\$15.10	\$16.76		\$17.80	\$2.28	9.49 (FRV)	\$0.74
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Altwnc %	\$14.84	\$8.20	\$0.00	\$2.02	\$2.24	\$0.00	\$2.38	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$138.36	\$69.55	\$0.00	\$17.12	\$19.00	\$0.00	\$20.18	\$2.28	\$9.49	\$0.74
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3442								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.49								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$162.30	\$93.49	\$0.00	\$17.12	\$19.00	\$0.00	\$20.18	\$2.28	\$9.49	\$0.74
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.34	\$2.34								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$1.87	\$1.87								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.84	\$4.74	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$185.14</b>	<b>\$98.23</b>	<b>\$0.00</b>	<b>\$17.34</b>	<b>\$19.41</b>	<b>\$0.00</b>	<b>\$37.65</b>	<b>\$2.28</b>	<b>\$9.49</b>	<b>\$0.74</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$126.03</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Scott Health &amp; Rehabilitation</b>  Prvdr ID: <b>00141644A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: <b>N/A</b>  Qtrly BIMS score: <b>29.0%</b>  Nurse Hours per On-Site Day/Quality Incentive: <b>3.61</b> </div> <div> Facility Score: <b>N/A</b>  Add-on Percent: <b>13.37%</b>  1.0%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: <b>1.3422</b>  Quarterly Medicaid CMI: <b>1.4109</b>  Qtrly Mcaid CMI w RUG Wght Options: <b>1.4356</b> </div> <div> Facility Specific: <b>1.3422</b>  1.4109  1.4356 </div> <div> State-wide: <b>1.3617</b>  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,629,423	\$1,432,501	\$0	\$295,735	\$164,214	\$178,169	\$396,102	\$68,416	\$94,286	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$19,325)	\$0	\$0	\$0	\$1,437	\$1,559	(\$23,146)		(\$12,364)	\$13,189
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,610,098	\$1,432,501	\$0	\$295,735	\$165,651	\$179,728	\$372,956	\$68,416	\$81,922	\$13,189
8	Total Nursing Facility Days Total Nursing Facility Days GL-PL, Ins. Rpt	As Filed Days = 19,289 As Filed Days = 19,880	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	19,289						19,880		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$135.22	\$74.27	\$0.00	\$15.33	\$17.91	(with L&H)	\$19.34	\$3.44	\$4.25	\$0.68
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3422								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.33								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.33	\$0.00	\$15.33	\$17.91		\$19.34	\$3.44	\$4.25	\$0.68
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$121.46	\$55.33	\$0.00	\$15.33	\$17.91		\$19.34	\$3.44	9.43 (FRV)	\$0.68
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14.43	\$7.40	\$0.00	\$2.05	\$2.39	\$0.00	\$2.59	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$135.89	\$62.73	\$0.00	\$17.38	\$20.30	\$0.00	\$21.93	\$3.44	\$9.43	\$0.68
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4356								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.06								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$163.22	\$90.06	\$0.00	\$17.38	\$20.30	\$0.00	\$21.93	\$3.44	\$9.43	\$0.68
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.90	\$0.90								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.70	\$2.70								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.23	\$4.13	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$185.45	\$94.19	\$0.00	\$17.60	\$20.71	\$0.00	\$39.40	\$3.44	\$9.43	\$0.68
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$126.26									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Sears Manor</b>  Prvdr ID: <b>00142898A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 39.6%  Nurse Hours per On-Site Day/Quality Incentive: 5.15 </div> <div> Facility Score: N/A  Add-on Percent: 13.37%  2.5%  2.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.2990  Quarterly Medicaid CMI: 1.6011  Qtrly Mcaid CMI w RUG Wght Options: 1.6294 </div> <div> Facility Specific: 1.2990  1.6011  1.6294 </div> <div> State-wide: 1.3617  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,058,947	\$2,128,930	\$0	\$451,303	\$260,678	\$256,636	\$573,642	\$58,612	\$329,146	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$74,805)	\$0	\$0	\$0	(\$105)	(\$105)	(\$74,471)		(\$25,030)	\$24,906
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,984,142	\$2,128,930	\$0	\$451,303	\$260,573	\$256,531	\$499,171	\$58,612	\$304,116	\$24,906
8	Total Nursing Facility Days As Filed Days = 28,225	FY12 Audited C/R Days	28,225									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,219	FY 18 GL-PL Ins Rpt Days								27,219		
10	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$141.23	\$75.43	\$0.00	\$15.99	\$18.32	(with L&H)	\$17.69	\$2.15	\$10.77	\$0.88
11	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2990								
12	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.07								
13	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$58.07	\$0.00	\$15.99	\$18.32		\$17.69	\$2.15	\$10.77	\$0.88
14	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
15	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$122.98	\$58.07	\$0.00	\$15.99	\$18.32		\$17.69	\$2.15	9.88 (FRV)	\$0.88
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
16	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allownc %	\$14.72	\$7.76	\$0.00	\$2.14	\$2.45	\$0.00	\$2.37	N/A	N/A	N/A
17	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$137.70	\$65.83	\$0.00	\$18.13	\$20.77	\$0.00	\$20.06	\$2.15	\$9.88	\$0.88
18	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6294								
19	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	\$107.26	\$107.26	\$0.00	\$18.13	\$20.77	\$0.00	\$20.06	\$2.15	\$9.88	\$0.88
20	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$179.13	\$107.26	\$0.00	\$18.13	\$20.77	\$0.00	\$20.06	\$2.15	\$9.88	\$0.88
<b>Quarterly Per Diem Add-on Amounts</b>												
21	Efficiency Add-on Per Diem ([Snd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
22	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.68	\$2.68								
23	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.15	\$2.15								
24	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
25	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.46	\$5.36	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
26	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$202.59	\$112.62	\$0.00	\$18.35	\$21.18	\$0.00	\$37.53	\$2.15	\$9.88	\$0.88
27	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$139.12									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Seminole Manor Nursing Home</b>  Prvdr ID: <b>00142909A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 27.5%  Nurse Hours per On-Site Day/Quality Incentive: 3.93 </div> <div> Facility Score: N/A  Add-on Percent: 13.37%  1.0%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.2760  Quarterly Medicaid CMI: 1.0847  Qtrly Mcaid CMI w RUG Wght Options: 1.0978 </div> <div> Facility Specific: 1.2760  1.0847  1.0978 </div> <div> State-wide: 1.3617  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,031,689	\$1,865,825	\$0	\$821,360	\$355,581	\$248,370	\$553,082	\$5,671	\$181,800	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$63,607)	(\$2,651)	\$0	\$0	(\$6,540)	(\$4,569)	(\$46,503)		(\$15,449)	\$12,105
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,968,082	\$1,863,174	\$0	\$821,360	\$349,041	\$243,801	\$506,579	\$5,671	\$166,351	\$12,105
8	Total Nursing Facility Days As Filed Days = 21,926	FY12 Audited C/R Days	21,926									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,033	FY 18 GL-PL Ins Rpt Days								21,033		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$180.99	\$84.98	\$0.00	\$37.46	\$27.04	(with L&H)	\$23.10	\$0.27	\$7.59	\$0.55
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2760								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.60								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$66.60	\$0.00	\$37.46	\$27.04		\$23.10	\$0.27	\$7.59	\$0.55
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$149.26	\$66.60	\$0.00	\$29.15	\$23.09		\$20.56	\$0.27	9.04 (FRV)	\$0.55
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allownc %	\$18.64	\$8.90	\$0.00	\$3.90	\$3.09	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$167.90	\$75.50	\$0.00	\$33.05	\$26.18	\$0.00	\$23.31	\$0.27	\$9.04	\$0.55
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.0978								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.88								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$175.28	\$82.88	\$0.00	\$33.05	\$26.18	\$0.00	\$23.31	\$0.27	\$9.04	\$0.55
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Ahd] x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.83	\$0.83								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.49	\$2.49								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.95	\$3.85	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$196.23</b>	<b>\$86.73</b>	<b>\$0.00</b>	<b>\$33.05</b>	<b>\$26.18</b>	<b>\$0.00</b>	<b>\$40.41</b>	<b>\$0.27</b>	<b>\$9.04</b>	<b>\$0.55</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$134.35</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Senior Care Ctr.-Brunswick</b>  Prvdr ID: <b>000830827B</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: <b>N/A</b>  Qtrly BIMS score: <b>20.8%</b>  Nurse Hours per On-Site Day/Quality Incentive: <b>3.51</b> </div> <div> Facility Score: <b>N/A</b>  Add-on Percent: <b>13.37%</b>  1.0%  2.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: <b>1.2904</b>  Quarterly Medicaid CMI: <b>1.3486</b>  Qtrly Mcaid CMI w RUG Wght Options: <b>1.3713</b> </div> <div> Facility Specific  <b>1.2904</b>  <b>1.3486</b>  <b>1.3713</b> </div> <div> State-wide  <b>1.3617</b>  <b>1.5382</b>  <b>1.5656</b> </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$12,935,309	\$5,960,467	\$0	\$1,072,572	\$683,912	\$504,746	\$3,762,908	\$229,360	\$721,344	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$368,101)	\$800,812	\$0	(\$1,205)	\$108,294	\$33,976	(\$1,467,220)		\$20,220	\$137,022
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$12,567,208	\$6,761,279	\$0	\$1,071,367	\$792,206	\$538,722	\$2,295,688	\$229,360	\$741,564	\$137,022
8	Total Nursing Facility Days As Filed Days = 59,342	FY12 Audited C/R Days	59,342									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 60,291	FY 18 GL-PL Ins Rpt Days								60,291		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$211.72	\$113.94	\$0.00	\$18.05	\$22.43	(with L&H)	\$38.69	\$3.80	\$12.50	\$2.31
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2904								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$88.30								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOhr = Ln 9		\$88.30	\$0.00	\$18.05	\$22.43		\$38.69	\$3.80	\$12.50	\$2.31
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155.23	\$71.51	\$0.00	\$18.05	\$22.43		\$20.56	\$3.80	16.57 (FRV)	\$2.31
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$17.72	\$9.56	\$0.00	\$2.41	\$3.00	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$172.95	\$81.07	\$0.00	\$20.46	\$25.43	\$0.00	\$23.31	\$3.80	\$16.57	\$2.31
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3713								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.17								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOhr = Ln 16	\$203.05	\$111.17	\$0.00	\$20.46	\$25.43	\$0.00	\$23.31	\$3.80	\$16.57	\$2.31
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.11	\$1.11								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Sfing Add-on	\$2.22	\$2.22								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$3.96	\$3.33	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$207.01</b>	<b>\$114.50</b>	<b>\$0.00</b>	<b>\$20.68</b>	<b>\$25.84</b>	<b>\$0.00</b>	<b>\$23.31</b>	<b>\$3.80</b>	<b>\$16.57</b>	<b>\$2.31</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$155.26</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

**FINAL**

<div> <div> Provider: <b>Senior Care Ctr.- St. Marys</b>  Prvdr ID: <b>00143129A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score 37.8%  Nurse Hours per On-Site Day/Quality Incentive: 4.77 </div> <div> Facility Score  Add-on Percent  13.37%  2.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.2093  Quarterly Medicaid CMI: 1.3106  Qtrly Mcaid CMI w RUG Wght Options: 1.3309 </div> <div> Facility Specific  State-wide  1.2093  1.3617  1.3106  1.5382  1.3309  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,098,594	\$2,116,099	\$0	\$387,751	\$399,462	\$225,826	\$549,708	\$121,553	\$298,195	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$101,634)	\$41,172	\$0	(\$100)	(\$10,813)	(\$6,113)	\$4,635		(\$155,824)	\$25,409
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,996,960	\$2,157,271	\$0	\$387,651	\$388,649	\$219,713	\$554,343	\$121,553	\$142,371	\$25,409
8	Total Nursing Facility Days As Filed Days = 21,647	FY12 Audited C/R Days	21,647									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,788	FY 18 GL-PL Ins Rpt Days								23,788		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$184.14	\$99.66	\$0.00	\$17.91	\$28.10	(with L&H)	\$25.61	\$5.11	\$6.58	\$1.17
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2093								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$82.41								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$82.41	\$0.00	\$17.91	\$28.10		\$25.61	\$5.11	\$6.58	\$1.17
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$149.76	\$71.51	\$0.00	\$17.91	\$23.09		\$20.56	\$5.11	10.41 (FRV)	\$1.17
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$17.79	\$9.56	\$0.00	\$2.39	\$3.09	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$167.55	\$81.07	\$0.00	\$20.30	\$26.18	\$0.00	\$23.31	\$5.11	\$10.41	\$1.17
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3309								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.90								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$194.38	\$107.90	\$0.00	\$20.30	\$26.18	\$0.00	\$23.31	\$5.11	\$10.41	\$1.17
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Awdj) x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.70	\$2.70								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.24	\$3.24								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.26	\$5.94	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$217.64</b>	<b>\$113.84</b>	<b>\$0.00</b>	<b>\$20.52</b>	<b>\$26.18</b>	<b>\$0.00</b>	<b>\$40.41</b>	<b>\$5.11</b>	<b>\$10.41</b>	<b>\$1.17</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$150.41</b>									



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Signature HC of Buckhead</b>  Prvdr ID: <b>00040763A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score 34.9%  Nurse Hours per On-Site Day/Quality Incentive: 2.61 </div> <div> Facility Score  Add-on Percent  13.37%  2.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.5246  Quarterly Medicaid CMI: 1.8239  Qtrly Mcaid CMI w RUG Wght Options: 1.8595 </div> <div> Facility Specific  1.3617  1.5382  1.5656 </div> <div> State-wide </div> </div> <div> Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$11,767,995	\$5,156,008	\$0	\$918,863	\$438,941	\$629,831	\$2,661,908	\$435,581	\$1,526,863	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$625,674)	\$118,845	\$0	(\$3,470)	\$150	\$5,063	(\$609,808)		(\$375,786)	\$239,332
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$11,142,321	\$5,274,853	\$0	\$915,393	\$439,091	\$634,894	\$2,052,100	\$435,581	\$1,151,077	\$239,332
8	Total Nursing Facility Days As Filed Days = 54,878	FY12 Audited C/R Days	54,878									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 48,002	FY 18 GL-PL Ins Rpt Days								48,002		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$204.17	\$96.12	\$0.00	\$16.68	\$19.57	(with L&H)	\$37.39	\$9.07	\$20.98	\$4.36
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5246								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.05								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$63.05	\$0.00	\$16.68	\$19.57		\$37.39	\$9.07	\$20.98	\$4.36
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$143.42	\$63.05	\$0.00	\$16.68	\$19.57		\$20.56	\$9.07	10.13 (FRV)	\$4.36
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allownc %	\$16.03	\$8.43	\$0.00	\$2.23	\$2.62	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$159.45	\$71.48	\$0.00	\$18.91	\$22.19	\$0.00	\$23.31	\$9.07	\$10.13	\$4.36
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8595								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$132.92								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$220.89	\$132.92	\$0.00	\$18.91	\$22.19	\$0.00	\$23.31	\$9.07	\$10.13	\$4.36
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.32	\$3.32								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.99	\$3.99								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.57	\$7.84	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$246.46</b>	<b>\$140.76</b>	<b>\$0.00</b>	<b>\$19.13</b>	<b>\$22.60</b>	<b>\$0.00</b>	<b>\$40.41</b>	<b>\$9.07</b>	<b>\$10.13</b>	<b>\$4.36</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$172.02</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

Provider: <b>Signature HC - Marietta</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00142986A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>		Growth Allowance:	N/A	13.37%	Base Period Overall CMI:				1.4557	1.3617
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	17.8%	0.0%	Quarterly Medicaid CMI:				1.8090	1.5382
					3.36	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.8449	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$11,173,029	\$5,062,882	\$0	\$1,030,053	\$499,746	\$498,710	\$2,639,988	\$93,123	\$1,348,527	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$616,125)	\$62,898	\$0	(\$3,539)	(\$1,128)	(\$3,984)	(\$750,387)		(\$28,993)	\$109,008
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$10,556,904	\$5,125,780	\$0	\$1,026,514	\$498,618	\$494,726	\$1,889,601	\$93,123	\$1,319,534	\$109,008
8	Total Nursing Facility Days As Filed Days = 53,277	FY12 Audited C/R Days	53,277									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 46,909	FY 18 GL-PL Ins Rpt Days								46,909		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$198.40	\$96.21	\$0.00	\$19.27	\$18.64	(with L&H)	\$35.47	\$1.99	\$24.77	\$2.05
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4557								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.09								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$66.09	\$0.00	\$19.27	\$18.64		\$35.47	\$1.99	\$24.77	\$2.05
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$140.10	\$66.09	\$0.00	\$18.41	\$18.64		\$20.56	\$1.99	12.36 (FRV)	\$2.05
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$16.54	\$8.84	\$0.00	\$2.46	\$2.49	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$156.64	\$74.93	\$0.00	\$20.87	\$21.13	\$0.00	\$23.31	\$1.99	\$12.36	\$2.05
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8449								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	\$138.24									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$219.95	\$138.24	\$0.00	\$20.87	\$21.13	\$0.00	\$23.31	\$1.99	\$12.36	\$2.05
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((SInd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.15	\$4.15								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.19	\$4.68	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$242.14	\$142.92	\$0.00	\$20.87	\$21.54	\$0.00	\$40.41	\$1.99	\$12.36	\$2.05
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$168.78									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Signature Healthcare of Savannah</b>  Prvdr ID: <b>00083167A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: <b>N/A</b>  Qtrly BIMS score: <b>15.2%</b>  Nurse Hours per On-Site Day/Quality Incentive: <b>2.56</b> </div> <div> Facility Score: <b>N/A</b>  Add-on Percent: <b>13.37%</b>  <b>0.0%</b>  <b>2.0%</b> </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: <b>1.6565</b>  Quarterly Medicaid CMI: <b>1.7437</b>  Qtrly Mcaid CMI w RUG Wght Options: <b>1.7772</b> </div> <div> Facility Specific: <b>1.6565</b>  State-wide: <b>1.3617</b>  <b>1.5382</b>  <b>1.5656</b> </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,163,426	\$3,322,791	\$0	\$575,380	\$227,959	\$317,863	\$1,538,244	\$35,183	\$146,006	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$481,576)	(\$6,386)	\$0	\$1,029	\$851	\$2,096	(\$481,229)		(\$47,579)	\$49,642
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,681,850	\$3,316,405	\$0	\$576,409	\$228,810	\$319,959	\$1,057,015	\$35,183	\$98,427	\$49,642
8	Total Nursing Facility Days As Filed Days = 39,800	FY12 Audited C/R Days	39,800									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,127	FY 18 GL-PL Ins Rpt Days								38,127		
10	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$142.80	\$83.33	\$0.00	\$14.48	\$13.79	(with L&H)	\$26.56	\$0.92	\$2.47	\$1.25
11	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.6565								
12	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.31								
13	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$50.31	\$0.00	\$14.48	\$13.79		\$26.56	\$0.92	\$2.47	\$1.25
14	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
15	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$111.56	\$50.31	\$0.00	\$14.48	\$13.79		\$20.56	\$0.92	10.25 (FRV)	\$1.25
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
16	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$13.26	\$6.73	\$0.00	\$1.94	\$1.84	\$0.00	\$2.75	N/A	N/A	N/A
17	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$124.82	\$57.04	\$0.00	\$16.42	\$15.63	\$0.00	\$23.31	\$0.92	\$10.25	\$1.25
18	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7772								
19	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.37								
20	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$169.15	\$101.37	\$0.00	\$16.42	\$15.63	\$0.00	\$23.31	\$0.92	\$10.25	\$1.25
<b>Quarterly Per Diem Add-on Amounts</b>												
21	Efficiency Add-on Per Diem ((SInd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
22	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
23	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$2.03	\$2.03								
24	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
25	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.29	\$2.56	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
26	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$189.44	\$103.93	\$0.00	\$16.64	\$16.04	\$0.00	\$40.41	\$0.92	\$10.25	\$1.25
27	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$129.26									



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY14 Cost Report Data

FINAL

<div> <div> Provider: <b>Social Circle Nursing and Rehab Center</b>  Prvdr ID: <b>00143041A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 30.2%  Nurse Hours per On-Site Day/Quality Incentive: 3.42 </div> <div> Facility Score: N/A  Add-on Percent: 13.37%  2.5%  1.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.5267  Quarterly Medicaid CMI: 1.5364  Qtrly Mcaid CMI w RUG Wght Options: 1.5643 </div> <div> Facility Specific: 1.5267  1.5364  1.5643 </div> <div> State-wide: 1.4014  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY 14 C/R - FY 18 GL-PL Rpt	\$2,102,789	\$1,142,250	\$0	\$193,444	\$77,117	\$92,978	\$402,365	\$5,854	\$188,781	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY14 C/R Audit Adjstmnts	(\$19,636)	\$0	\$0	\$0	\$1,205	\$1,454	(\$25,247)		(\$4,809)	\$7,761
7	Cost Center Costs After Audit Adjustments	FY14 Audited C/R	\$2,083,153	\$1,142,250	\$0	\$193,444	\$78,322	\$94,432	\$377,118	\$5,854	\$183,972	\$7,761
8	Total Nursing Facility Days As Filed Days = 10,450	FY14 Audited C/R Days	10,450									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,602	FY 18 GL-PL Ins Rpt Days								21,602		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$199.05	\$109.31	\$0.00	\$18.51	\$16.53	(with L&H)	\$36.09	\$0.27	\$17.60	\$0.74
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.5267								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.60								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$71.60	\$0.00	\$18.51	\$16.53		\$36.09	\$0.27	\$17.60	\$0.74
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.31	\$0.00	\$19.52	\$23.55		\$24.02	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$141.06	\$71.60	\$0.00	\$18.51	\$16.53		\$24.02	\$0.27	9.39 (FRV)	\$0.74
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Altwnc %	\$17.46	\$9.57	\$0.00	\$2.47	\$2.21	\$0.00	\$3.21	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$158.52	\$81.17	\$0.00	\$20.98	\$18.74	\$0.00	\$27.23	\$0.27	\$9.39	\$0.74
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5643								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$126.97								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$204.32	\$126.97	\$0.00	\$20.98	\$18.74	\$0.00	\$27.23	\$0.27	\$9.39	\$0.74
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.17	\$3.17								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$1.27	\$1.27								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.70	\$4.97	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$227.02	\$131.94	\$0.00	\$21.20	\$19.15	\$0.00	\$44.33	\$0.27	\$9.39	\$0.74
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$157.44									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

Provider: <b>Southern Pines Nursing Home</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00140918A</b>				Growth Allowance:		N/A	13.37%	Base Period Overall CMI:				1.4655	1.3617
Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>				Qtrly BIMS score		48.8%	5.5%	Quarterly Medicaid CMI:				1.7981	1.5382
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/20</b>				Nurse Hours per On-Site Day/Quality Incentive:		3.37	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.8341	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,760,007	\$1,467,566	\$0	\$301,748	\$199,497	\$174,194	\$529,293	\$54,433	\$33,276	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$55,354)	\$0	\$0	\$0	\$889	\$777	(\$57,169)		(\$20,231)	\$20,380	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,704,653	\$1,467,566	\$0	\$301,748	\$200,386	\$174,971	\$472,124	\$54,433	\$13,045	\$20,380	
8	Total Nursing Facility Days As Filed Days = 22,398	FY12 Audited C/R Days	22,398										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,467	FY 18 GL-PL Ins Rpt Days								20,467			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$121.05	\$65.52	\$0.00	\$13.47	\$16.76	(with L&H)	\$21.08	\$2.73	\$0.58	\$0.91	
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.4655</u>									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$44.71									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$44.71	\$0.00	\$13.47	\$16.76		\$21.08	\$2.73	\$0.58	\$0.91	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$131.98	\$44.71	\$0.00	\$13.47	\$16.76		\$20.56	\$2.73	32.84 (FRV)	\$0.91	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$12.77	\$5.98	\$0.00	\$1.80	\$2.24	\$0.00	\$2.75	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$144.75	\$50.69	\$0.00	\$15.27	\$19.00	\$0.00	\$23.31	\$2.73	\$32.84	\$0.91	
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.8341</u>									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.97									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.03	\$92.97	\$0.00	\$15.27	\$19.00	\$0.00	\$23.31	\$2.73	\$32.84	\$0.91	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.11	\$5.11									
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.79	\$2.79									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.16	\$8.43	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$213.19	\$101.40	\$0.00	\$15.49	\$19.41	\$0.00	\$40.41	\$2.73	\$32.84	\$0.91	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$147.07										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

Provider: <b>Southland Nursing Home</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00409054A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>	Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.4974</b>				<b>1.3617</b>			
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.45</b>	Qtrly BIMS score <b>39.0%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.5923</b>				<b>1.5382</b>			
				<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.6197</b>				<b>1.5656</b>			
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$9,549,981	\$5,013,180	\$0	\$893,414	\$455,650	\$544,070	\$1,139,982	\$147,464	\$1,356,221	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$29,285)	(\$707)	\$0	(\$3,735)	\$0	\$0	(\$28,578)		(\$83,132)	\$86,867
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$9,520,696	\$5,012,473	\$0	\$889,679	\$455,650	\$544,070	\$1,111,404	\$147,464	\$1,273,089	\$86,867
8	Total Nursing Facility Days As Filed Days = 52,588	FY12 Audited C/R Days	52,588									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 49,515	FY 18 GL-PL Ins Rpt Days								49,515		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$181.22	\$95.32	\$0.00	\$16.92	\$19.01	(with L&H)	\$21.13	\$2.98	\$24.21	\$1.65
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4974								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.66								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$63.66	\$0.00	\$16.92	\$19.01		\$21.13	\$2.98	\$24.21	\$1.65
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$138.48	\$63.66	\$0.00	\$16.92	\$19.01		\$20.56	\$2.98	13.70 (FRV)	\$1.65
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$16.06	\$8.51	\$0.00	\$2.26	\$2.54	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$154.54	\$72.17	\$0.00	\$19.18	\$21.55	\$0.00	\$23.31	\$2.98	\$13.70	\$1.65
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6197								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.89								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$199.26	\$116.89	\$0.00	\$19.18	\$21.55	\$0.00	\$23.31	\$2.98	\$13.70	\$1.65
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([(SInd - Ahdw] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.92	\$2.92								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.34	\$2.34								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.52	\$5.79	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$222.78	\$122.68	\$0.00	\$19.40	\$21.96	\$0.00	\$40.41	\$2.98	\$13.70	\$1.65
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$154.26									

**Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data**

**FINAL**

Provider: <b>Southland Healthcare &amp; Rehab Ctr.</b>		<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>	
Prvdr ID: <b>00143558A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.5242</b>				<b>1.3617</b>		
		MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/20</b>		Qtrly BIMS score: <b>24.6%</b>	<b>1.0%</b>	Quarterly Medicaid CMI: <b>1.4650</b>				<b>1.5382</b>		
		Nurse Hours per On-Site Day/Quality Incentive: <b>2.90</b>		<b>2.0%</b>		Qtrly Mcaid CMI w RUG Wght Options: <b>1.4886</b>				<b>1.5656</b>		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,167,749	\$2,423,160	\$0	\$486,787	\$281,646	\$308,120	\$916,153	\$49,173	\$702,710	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjmnts	(\$545,105)	(\$169,656)	\$0	(\$3,887)	\$3,071	(\$4,176)	(\$363,805)		(\$38,826)	\$32,174
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,622,644	\$2,253,504	\$0	\$482,900	\$284,717	\$303,944	\$552,348	\$49,173	\$663,884	\$32,174
8	Total Nursing Facility Days As Filed Days = 35,339	FY12 Audited C/R Days	35,413									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,391	FY 18 GL-PL Ins Rpt Days								33,391		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$130.62	\$63.63	\$0.00	\$13.64	\$16.62	(with L&H)	\$15.60	\$1.47	\$18.75	\$0.91
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.5242</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$41.75								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$41.75	\$0.00	\$13.64	\$16.62		\$15.60	\$1.47	\$18.75	\$0.91
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$97.95	\$41.75	\$0.00	\$13.64	\$16.62		\$15.60	\$1.47	7.96 (FRV)	\$0.91
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$11.71	\$5.58	\$0.00	\$1.82	\$2.22	\$0.00	\$2.09	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$109.66	\$47.33	\$0.00	\$15.46	\$18.84	\$0.00	\$17.69	\$1.47	\$7.96	\$0.91
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.4886</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$70.46								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$132.79	\$70.46	\$0.00	\$15.46	\$18.84	\$0.00	\$17.69	\$1.47	\$7.96	\$0.91
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.70	\$0.70								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.41	\$1.41								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.74	\$2.64	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$153.53</b>	<b>\$73.10</b>	<b>\$0.00</b>	<b>\$15.68</b>	<b>\$19.25</b>	<b>\$0.00</b>	<b>\$35.16</b>	<b>\$1.47</b>	<b>\$7.96</b>	<b>\$0.91</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$102.32</b>									



Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Southwell Health and Rehab			Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00059826A			Growth Allowance:			N/A	13.37%	Base Period Overall CMI:			1.4305	1.3699
H/B ? : Yes			Case Mix Per Diem Rate Effective Date: 04/01/21			BIMS: 44.6%	2.5%	Quarterly Medicaid CMI:			1.4379	1.5438
			MDS & Nurse Hrs Data per Quarter Ending: 12/31/20			Nurse Hours per On-Site Day/Quality Incentive: 3.90	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4609	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Hosp Based	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								\$ 34,380		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								31,753		
	Standard Per Diem (After CMA for Routine Srvcs)	FY 2013 Peer Group Limit		\$73.90		\$28.00	\$23.27		\$23.46		\$27.24	\$0.34
	Allowed @ 95% of Std		\$168.79	\$70.21		\$26.60	\$22.11		\$22.29		\$27.24	\$0.34
	Growth Allowance 13.37%		\$18.88	\$9.39		\$3.56	\$2.96		\$2.98			
	CMA Allowed Per Diem (After Growth Allowance)		\$190.40	\$79.60		\$30.16	\$25.07		\$25.27	\$ 2.73	\$27.24	\$0.34
	Quarterly Facility Case Mix Index for Medicaid Residents			1.4609							(FRV Rate)	
	Qtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem			\$116.28								
	Quarterly Medicaid CMA Allowed Per Diem		\$227.09	\$116.28		\$30.16	\$25.07		\$25.27	\$2.73	\$27.24	\$0.34
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)		\$2.91	\$2.91								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$3.49	\$3.49								
	Nursing Home Provider Fee		\$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		\$23.50									
	Quarterly Case Mix Based Per Diem Rate		\$250.58	\$122.68		\$30.16	\$25.07		\$42.37	\$2.73	\$27.24	\$0.34
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$175.11										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Sparta Health &amp; Rehab</b>  Prvdr ID: <b>00143063A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 23.1%  Nurse Hours per On-Site Day/Quality Incentive: 3.20 </div> <div> Facility Score: N/A  Add-on Percent: 13.37%  1.0%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.0832  Quarterly Medicaid CMI: 1.3612  Qtrly Mcaid CMI w RUG Wght Options: 1.3829 </div> <div> Facility Specific: 1.0832  1.3612  1.3829 </div> <div> State-wide: 1.3617  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,180,795	\$1,640,812	\$0	\$361,806	\$192,153	\$210,047	\$400,887	\$77,632	\$297,458	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$39,489)	(\$22,810)	\$0	\$0	\$0	\$0	(\$16,679)		(\$16,933)	\$16,933
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,141,306	\$1,618,002	\$0	\$361,806	\$192,153	\$210,047	\$384,208	\$77,632	\$280,525	\$16,933
8	Total Nursing Facility Days As Filed Days = 25,400	FY12 Audited C/R Days	25,400									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,443	FY 18 GL-PL Ins Rpt Days								25,443		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$123.66	\$63.70	\$0.00	\$14.24	\$15.83	(with L&H)	\$15.13	\$3.05	\$11.04	\$0.67
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.0832								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.81								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$58.81	\$0.00	\$14.24	\$15.83		\$15.13	\$3.05	\$11.04	\$0.67
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$116.08	\$58.81	\$0.00	\$14.24	\$15.83		\$15.13	\$3.05	8.35 (FRV)	\$0.67
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allownc %	\$13.90	\$7.86	\$0.00	\$1.90	\$2.12	\$0.00	\$2.02	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$129.98	\$66.67	\$0.00	\$16.14	\$17.95	\$0.00	\$17.15	\$3.05	\$8.35	\$0.67
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3829								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.20								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$155.51	\$92.20	\$0.00	\$16.14	\$17.95	\$0.00	\$17.15	\$3.05	\$8.35	\$0.67
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Snd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.92	\$0.92								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.77	\$2.77								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.32	\$4.22	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$177.83</b>	<b>\$96.42</b>	<b>\$0.00</b>	<b>\$16.36</b>	<b>\$18.36</b>	<b>\$0.00</b>	<b>\$34.62</b>	<b>\$3.05</b>	<b>\$8.35</b>	<b>\$0.67</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$120.55</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

Provider: <b>Stevens Park</b>			<u>Add-on Data and Percentages</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>03143404A</b>			Growth Allowance: N/A			11.8%	13.37%	Base Period Overall CMI: 1.6519			1.6519	1.3617
Case Mix Per Diem Rate Effective Date: 4/1/2021			Qtrly BIMS score			0.0%	0.0%	Quarterly Medicaid CMI: 1.5345			1.5345	1.5382
MDS & Nurse Hrs Data per Quarter Ending: 12/31/20			Nurse Hours per On-Site Day/Quality Incentive: 4.05			3.0%	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5641			1.5641	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,668,797	\$1,907,109	\$0	\$381,810	\$100,679	\$237,712	\$525,214	\$47,619	\$468,654	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$8,898)	(\$5,436)	\$0	(\$1,961)	\$0	\$0	(\$3,809)		(\$14,846)	\$17,154
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,659,899	\$1,901,673	\$0	\$379,849	\$100,679	\$237,712	\$521,405	\$47,619	\$453,808	\$17,154
8	Total Nursing Facility Days As Filed Days = 16,235	FY12 Audited C/R Days	16,235									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,779	FY 18 GL-PL Ins Rpt Days								15,779		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$225.52	\$117.13	\$0.00	\$23.40	\$20.84	(with L&H)	\$32.12	\$3.02	\$27.95	\$1.06
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.6519</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.91								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$70.91	\$0.00	\$23.40	\$20.84		\$32.12	\$3.02	\$27.95	\$1.06
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$169.23	\$70.91	\$0.00	\$18.41	\$20.84		\$20.56	\$3.02	34.43 (FRV)	\$1.06
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$17.48	\$9.48	\$0.00	\$2.46	\$2.79	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$186.71	\$80.39	\$0.00	\$20.87	\$23.63	\$0.00	\$23.31	\$3.02	\$34.43	\$1.06
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.5641</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$125.74								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$232.06	\$125.74	\$0.00	\$20.87	\$23.63	\$0.00	\$23.31	\$3.02	\$34.43	\$1.06
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.66	\$0.45	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.77	\$3.77								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.73	\$4.22	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$253.79	\$129.96	\$0.00	\$20.87	\$24.04	\$0.00	\$40.41	\$3.02	\$34.43	\$1.06
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$177.52									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

Provider: <b>Summerhill Elderliving Home</b>			Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00142139A</b>			Growth Allowance: N/A			45.1%	13.37%	Base Period Overall CMI: 1.3692			1.3617	
Case Mix Per Diem Rate Effective Date: 4/1/2021			Qtrly BIMS score			5.5%		Quarterly Medicaid CMI: 1.4865			1.5382	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/20			Nurse Hours per On-Site Day/Quality Incentive: 4.83			3.0%		Qtrly Mcaid CMI w RUG Wght Options: 1.5107			1.5656	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,273,605	\$4,493,073	\$0	\$1,081,800	\$525,800	\$577,474	\$1,045,895	\$121,065	\$428,498	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$90,357)	(\$80,228)	\$0	\$0	(\$159)	\$73,654	(\$76,632)		(\$59,884)	\$52,892
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,183,248	\$4,412,845	\$0	\$1,081,800	\$525,641	\$651,128	\$969,263	\$121,065	\$368,614	\$52,892
8	Total Nursing Facility Days As Filed Days = 55,253	FY12 Audited C/R Days	55,253									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 57,192	FY 18 GL-PL Ins Rpt Days								57,192		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$148.04	\$79.87	\$0.00	\$19.58	\$21.30	(with L&H)	\$17.54	\$2.12	\$6.67	\$0.96
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3692								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.34								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$58.34	\$0.00	\$19.58	\$21.30		\$17.54	\$2.12	\$6.67	\$0.96
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$132.50	\$58.34	\$0.00	\$18.41	\$21.30		\$17.54	\$2.12	13.83 (FRV)	\$0.96
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Altwnc %	\$15.46	\$7.80	\$0.00	\$2.46	\$2.85	\$0.00	\$2.35	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$147.96	\$66.14	\$0.00	\$20.87	\$24.15	\$0.00	\$19.89	\$2.12	\$13.83	\$0.96
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5107								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.92								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.74	\$99.92	\$0.00	\$20.87	\$24.15	\$0.00	\$19.89	\$2.12	\$13.83	\$0.96
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Snd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.50	\$5.50								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.00	\$3.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.91	\$9.03	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$208.65	\$108.95	\$0.00	\$20.87	\$24.56	\$0.00	\$37.36	\$2.12	\$13.83	\$0.96
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$143.66									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

Provider: Syl-View Health Care Center, Inc.		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00040796A		Case Mix Per Diem Rate Effective Date: 4/1/2021	Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.1798				1.3617			
MDS & Nurse Hrs Data per Quarter Ending: 12/31/20		Nurse Hours per On-Site Day/Quality Incentive: 3.66	Qtrly BIMS score 33.3%	2.5%	Quarterly Medicaid CMI: 1.2776				1.5382			
				3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.2959				1.5656			
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group  Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)  Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Svcs Combined) Audit Adjustments and Reallocations to Cost Center Costs Cost Center Costs After Audit Adjustments Total Nursing Facility Days As Filed Days = 34,197 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,272 Net Per Diems prior to Case Mix Adjstmt to Routine Svcs Base Period Facility Case Mix Index for All Residents Routine Svcs Case Mix Adjstd (CMA) Net Per Diem Net Per Diems after Case Mix Adjstmt to Routine Svcs Per Diem Standards (After Statewide CMA for Routine Svcs) Base Period Case Mix Adjusted Allowed Per Diem  Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13.37% CMA Allowed Per Diem (After Growth Allowance Add-on) Quarterly Facility Case Mix Index for Medicaid Residents Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem  Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0) BIMS Add-on Per Diem = 2.5% (to Routine Svcs) Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs) Nursing Home Provider Fee Total Quarterly Per Diem Add-on Amounts	(see Policy Manual)   										

Provider: Tattnall Nursing, LLC		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID:	00143228A			Growth Allowance:	N/A	13.37%	Base Period Overall CMI:				1.1942	1.3617
Case Mix Per Diem Rate Effective Date:		4/1/2021		Qtrly BIMS score	6.9%	0.0%	Quarterly Medicaid CMI:				1.3316	1.5382
MDS & Nurse Hrs Data per Quarter Ending:		12/31/20		Nurse Hours per On-Site Day/Quality Incentive:	2.93	2.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.3536	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,042,069	\$1,467,317	\$0	\$342,930	\$203,077	\$203,189	\$535,778	\$19,237	\$270,541	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	\$46,074	(\$1,163)	\$0	(\$54)	(\$425)	\$0	\$1,957		\$25,877	\$19,882
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,088,143	\$1,466,154	\$0	\$342,876	\$202,652	\$203,189	\$537,735	\$19,237	\$296,418	\$19,882
8	Total Nursing Facility Days	As Filed Days = 30,506										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 27,626										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	FY12 Audited C/R Days										
10	Base Period Facility Case Mix Index for All Residents	Ln 7 / Ln 8 Col a	\$101.30	\$48.06	\$0.00	\$11.24	\$13.30	(with L&F)	\$17.63	\$0.70	\$9.72	\$0.65
		from 4 qtrs of FY12		1,1942								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$40.24								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$40.24	\$0.00	\$11.24	\$13.30		\$17.63	\$0.70	\$9.72	\$0.65
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$90.41	\$40.24	\$0.00	\$11.24	\$13.30		\$17.63	\$0.70	6.65	\$0.65
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$11.02	\$5.38	\$0.00	\$1.50	\$1.78	\$0.00	\$2.36	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$101.43	\$45.62	\$0.00	\$12.74	\$15.08	\$0.00	\$19.99	\$0.70	\$6.65	\$0.65
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3536								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$61.75								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$117.56	\$61.75	\$0.00	\$12.74	\$15.08	\$0.00	\$19.99	\$0.70	\$6.65	\$0.65
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.24	\$1.24								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$19.87	\$1.77	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$137.43	\$63.52	\$0.00	\$12.96	\$15.49	\$0.00	\$37.46	\$0.70	\$6.65	\$0.65
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$90.25									
27	Minimum Quarterly Case Mix Based Per Diem Rate		\$147.00									
28	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$97.43									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Taylor County Health Care</b>  Prvdr ID: <b>00432924A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score 43.4%  Nurse Hours per On-Site Day/Quality Incentive: 3.44 </div> <div> Facility Score  Add-on Percent  13.37%  2.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.2388  Quarterly Medicaid CMI: 1.6123  Qtrly Mcaid CMI w RUG Wght Options: 1.6417 </div> <div> Facility Specific  1.2388  1.6123  1.6417 </div> <div> State-wide  1.3617  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,232,924	\$1,656,948	\$0	\$352,825	\$156,924	\$213,788	\$446,580	\$74,726	\$331,133	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstnts	(\$15,368)	\$0	\$0	(\$1,391)	\$0	(\$221)	(\$14,826)		(\$35,439)	\$36,509
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,217,556	\$1,656,948	\$0	\$351,434	\$156,924	\$213,567	\$431,754	\$74,726	\$295,694	\$36,509
8	Total Nursing Facility Days As Filed Days = 23,918	FY12 Audited C/R Days	23,918									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,022	FY 18 GL-PL Ins Rpt Days								26,022		
9	Net Per Diems prior to Case Mix Adjstnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$134.27	\$69.28	\$0.00	\$14.69	\$15.49	(with L&H)	\$18.05	\$2.87	\$12.36	\$1.53
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2388								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.92								
12	Net Per Diems after Case Mix Adjstnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.92	\$0.00	\$14.69	\$15.49		\$18.05	\$2.87	\$12.36	\$1.53
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$119.82	\$55.92	\$0.00	\$14.69	\$15.49		\$18.05	\$2.87	11.27 (FRV)	\$1.53
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$13.92	\$7.48	\$0.00	\$1.96	\$2.07	\$0.00	\$2.41	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$133.74	\$63.40	\$0.00	\$16.65	\$17.56	\$0.00	\$20.46	\$2.87	\$11.27	\$1.53
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6417								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.08								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.42	\$104.08	\$0.00	\$16.65	\$17.56	\$0.00	\$20.46	\$2.87	\$11.27	\$1.53
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Ahdw) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.60	\$2.60								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.12	\$3.12								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.35	\$6.25	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$198.77	\$110.33	\$0.00	\$16.87	\$17.97	\$0.00	\$37.93	\$2.87	\$11.27	\$1.53
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$136.25									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY13 Cost Report Data

FINAL

Provider: <b>The Bell-Minor Home, Inc.</b>		<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>	
Prvdr ID: <b>00059397A</b>		Case Mix Per Diem Rate Effective Date: <b>04/01/21</b>		Growth Allowance:	N/A	13.37%	Base Period Overall CMI:				1.4312	1.3699
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	34.0%	2.5%	Quarterly Medicaid CMI:				1.5661	1.5382
					2.61	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.5975	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskprng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY13 C/R	\$5,675,335	\$2,198,300	\$0	\$473,131	\$260,367	\$364,985	\$1,020,033	\$133,682	\$1,224,837	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmnts	(\$104,759)	\$0	\$0	\$0	\$0	\$0	(\$104,759)		(\$65,551)	\$65,551
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$5,570,576	\$2,198,300	\$0	\$473,131	\$260,367	\$364,985	\$915,274	\$133,682	\$1,159,286	\$65,551
8	Total Nursing Facility Days As Filed Days = 34,932	FY13 Audited C/R Days	34,932									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,404	FY 18 GL-PL Ins Rpt Days								34,404		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$159.53	\$62.93	\$0.00	\$13.54	\$17.90	(with L&H)	\$26.20	\$3.89	\$33.19	\$1.88
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY10		<u>1.4312</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$43.97								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$43.97	\$0.00	\$13.54	\$17.90		\$26.20	\$3.89	\$33.19	\$1.88
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.90	\$0.00	\$19.14	\$23.27		\$23.46	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$118.32	\$43.97	\$0.00	\$13.54	\$17.90		\$23.46	\$3.89	13.68 (FRV)	\$1.88
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.4%</u>	Ln 14 x Grwth Altwnc %	\$13.22	\$5.88	\$0.00	\$1.81	\$2.39	\$0.00	\$3.14	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$131.54	\$49.85	\$0.00	\$15.35	\$20.29	\$0.00	\$26.60	\$3.89	\$13.68	\$1.88
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.5975</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$79.64								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$161.33	\$79.64	\$0.00	\$15.35	\$20.29	\$0.00	\$26.60	\$3.89	\$13.68	\$1.88
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.99	\$1.99								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.39	\$2.39								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.64	\$4.91	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$183.97	\$84.55	\$0.00	\$15.57	\$20.70	\$0.00	\$43.70	\$3.89	\$13.68	\$1.88
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$125.15									



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>The Center for Advanced Rehab @ Parkside</b>  Prvdr ID: <b>00083102A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 19.8%  Nurse Hours per On-Site Day/Quality Incentive: 2.90 </div> <div> Facility Score: N/A  Add-on Percent: 13.37%  0.0%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.2877  Quarterly Medicaid CMI: 1.8194  Qtrly Mcaid CMI w RUG Wght Options: 1.8550 </div> <div> Facility Specific: 1.2877  State-wide: 1.3617  1.8194  1.5382  1.8550  1.5656 </div> </div> <div> Case Mix Per Diem Rate Effective Date: 4/1/2021  MDS &amp; Nurse Hrs Data per Quarter Ending: 12/31/20 </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>Hosp Based</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,400,148	\$3,792,296	\$0	\$907,033	\$201,398	\$519,375	\$774,710	\$148,372	\$1,056,964	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$746,168)	(\$451,129)	\$0	(\$511,366)	\$42,623	(\$25,223)	\$276,239		(\$79,976)	\$2,664
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,653,980	\$3,341,167	\$0	\$395,667	\$244,021	\$494,152	\$1,050,949	\$148,372	\$976,988	\$2,664
8	Total Nursing Facility Days As Filed Days = 34,873	FY12 Audited C/R Days	35,236									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 43,354	FY 18 GL-PL Ins Rpt Days								43,354		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$188.06	\$94.82	\$0.00	\$11.23	\$20.95	(with L&H)	\$29.83	\$3.42	\$27.73	\$0.08
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.2877</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.64								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$73.64	\$0.00	\$11.23	\$20.95		\$29.83	\$3.42	\$27.73	\$0.08
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$154.16	\$71.51	\$0.00	\$11.23	\$20.95		\$20.56	\$3.42	26.41 (FRV)	\$0.08
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Althmc %	\$16.61	\$9.56	\$0.00	\$1.50	\$2.80	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$170.77	\$81.07	\$0.00	\$12.73	\$23.75	\$0.00	\$23.31	\$3.42	\$26.41	\$0.08
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.8550</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$150.38								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$240.08	\$150.38	\$0.00	\$12.73	\$23.75	\$0.00	\$23.31	\$3.42	\$26.41	\$0.08
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Sfing Add-on	\$4.51	\$4.51								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.24	\$4.51	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$262.32</b>	<b>\$154.89</b>	<b>\$0.00</b>	<b>\$12.95</b>	<b>\$24.16</b>	<b>\$0.00</b>	<b>\$40.41</b>	<b>\$3.42</b>	<b>\$26.41</b>	<b>\$0.08</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$183.92</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

Provider: <b>The Fountainview Ctr for Alzheimer's Disease</b>			<u>Add-on Data and Percentages</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00421429A</b>			Growth Allowance: N/A			13.37%	Base Period Overall CMI: 1.2118			1.3617		
Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>			Qtrly BIMS score: 93.0%			5.5%	Quarterly Medicaid CMI: 1.6231			1.5382		
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/20</b>			Nurse Hours per On-Site Day/Quality Incentive: 3.58			3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6511			1.5656		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,419,180	\$3,429,531	\$0	\$928,329	\$463,144	\$428,868	\$1,331,578	\$140,055	\$697,675	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjtmnts	(\$115,106)	(\$27,150)	\$0	\$13,302	\$0	\$0	(\$101,258)		(\$167,822)	\$167,822
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,304,074	\$3,402,381	\$0	\$941,631	\$463,144	\$428,868	\$1,230,320	\$140,055	\$529,853	\$167,822
8	Total Nursing Facility Days As Filed Days = 40,759	FY12 Audited C/R Days	40,759									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 42,441	FY 18 GL-PL Ins Rpt Days								42,441		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$179.08	\$83.48	\$0.00	\$23.10	\$21.89	(with L&H)	\$30.19	\$3.30	\$13.00	\$4.12
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2118								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.89								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$68.89	\$0.00	\$23.10	\$21.89		\$30.19	\$3.30	\$13.00	\$4.12
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$151.20	\$68.89	\$0.00	\$18.41	\$21.89		\$20.56	\$3.30	14.03 (FRV)	\$4.12
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Alhmc %	\$17.35	\$9.21	\$0.00	\$2.46	\$2.93	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$168.55	\$78.10	\$0.00	\$20.87	\$24.82	\$0.00	\$23.31	\$3.30	\$14.03	\$4.12
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6511								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$128.95								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$219.40	\$128.95	\$0.00	\$20.87	\$24.82	\$0.00	\$23.31	\$3.30	\$14.03	\$4.12
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$7.09	\$7.09								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.87	\$3.87								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$29.00	\$11.49	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$248.40	\$140.44	\$0.00	\$20.87	\$25.23	\$0.00	\$40.41	\$3.30	\$14.03	\$4.12
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$173.48									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: The Lodge Prvdr ID: 00142381A H/B ? : No			Add-on Data and Percentages Growth Allowance: N/A BIMS: 30.6% Nurse Hours per On-Site Day/Quality Incentive: 3.33			Facility Score N/A	Add-on Percent 13.37% 2.5% 3.0%	Case Mix Index (CMI) Data Base Period Overall CMI: 1.4841 Quarterly Medicaid CMI: 1.9080 Qtrly Mcaid CMI w RUG Wght Options: 1.9450			Facility Specific 1.4841 1.9080 1.9450	State-wide 1.3617 1.5438 1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								\$ 87,427		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								42,182		
	Standard Per Diem (After CMA for Routine Svcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$33.65	\$0.00
	Allowed @ 95% of Std		\$160.54	\$67.93		\$17.49	\$21.94		\$19.53		\$33.65	\$0.00
	Growth Allowance 13.4%		\$16.97	\$9.08		\$2.34	\$2.93		\$2.61			
	CMA Allowed Per Diem (After Growth Allowance)		\$179.58	\$77.01		\$19.83	\$24.87		\$22.14	\$ 2.07	\$33.65	\$0.00
	Quarterly Facility Case Mix Index for Medicaid Residents			1.9450							(FRV Rate)	
	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$149.79								
	Quarterly Medicaid CMA Allowed Per Diem		\$252.35	\$149.79		\$19.83	\$24.87		\$22.14	\$2.07	\$33.65	\$0.00
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)		\$3.74	\$3.74								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$4.49	\$4.49								
	Nursing Home Provider Fee		\$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		\$25.34									
	Quarterly Case Mix Based Per Diem Rate		\$277.69	\$158.03		\$19.83	\$24.87		\$39.24	\$2.07	\$33.65	\$0.00
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvd Fee) x 75%	\$195.44										

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

**FINAL**

<div> <div> Provider: <b>The Oaks - Bethany (Vidalia)</b>  Prvdr ID: <b>00140258A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score 34.6%  Nurse Hours per On-Site Day/Quality Incentive: 4.00 </div> <div> Facility Score  Add-on Percent  13.37%  2.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.4603  Quarterly Medicaid CMI: 1.6154  Qtrly Mcaid CMI w RUG Wght Options: 1.6435 </div> <div> Facility Specific  State-wide  1.4603  1.5382  1.5656 </div> </div> <div> Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,564,531	\$4,722,890	\$0	\$870,206	\$640,113	\$554,298	\$1,162,143	\$404,204	\$210,677	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$216,528)	(\$4,858)	\$0	\$0	\$0	(\$2,166)	(\$207,967)		(\$32,151)	\$30,614
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,348,003	\$4,718,032	\$0	\$870,206	\$640,113	\$552,132	\$954,176	\$404,204	\$178,526	\$30,614
8	Total Nursing Facility Days As Filed Days = 59,128	FY12 Audited C/R Days	59,128									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 56,582	FY 18 GL-PL Ins Rpt Days								56,582		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$141.49	\$79.79	\$0.00	\$14.72	\$20.16	(with L&H)	\$16.14	\$7.14	\$3.02	\$0.52
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4603								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.64								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$54.64	\$0.00	\$14.72	\$20.16		\$16.14	\$7.14	\$3.02	\$0.52
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.51	\$54.64	\$0.00	\$14.72	\$20.16		\$16.14	\$7.14	13.19 (FRV)	\$0.52
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allownc %	\$14.14	\$7.31	\$0.00	\$1.97	\$2.70	\$0.00	\$2.16	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$140.65	\$61.95	\$0.00	\$16.69	\$22.86	\$0.00	\$18.30	\$7.14	\$13.19	\$0.52
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6435								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.81								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$180.51	\$101.81	\$0.00	\$16.69	\$22.86	\$0.00	\$18.30	\$7.14	\$13.19	\$0.52
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.55	\$2.55								
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.05	\$3.05								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.23	\$6.13	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$204.74	\$107.94	\$0.00	\$16.91	\$23.27	\$0.00	\$35.77	\$7.14	\$13.19	\$0.52
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$140.73									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>The Oaks at Limestone, LLC</b>  Prvdr ID: <b>00141743A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score 47.2%  Nurse Hours per On-Site Day/Quality Incentive: 4.05 </div> <div> Facility Score  Add-on Percent  13.37%  5.5%  2.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.5724  Quarterly Medicaid CMI: 1.7065  Qtrly Mcaid CMI w RUG Wght Options: 1.7361 </div> <div> Facility Specific  1.5724  1.7065  1.7361 </div> <div> State-wide  1.3617  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,769,050	\$3,568,493	\$0	\$547,731	\$464,576	\$483,264	\$915,707	\$250,221	\$539,058	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$129,154)	(\$11,254)	\$0	\$0	(\$4,637)	(\$4,825)	(\$102,719)		(\$127,392)	\$121,673
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,639,896	\$3,557,239	\$0	\$547,731	\$459,939	\$478,439	\$812,988	\$250,221	\$411,666	\$121,673
8	Total Nursing Facility Days As Filed Days = 34,533	FY12 Audited C/R Days	34,533									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,907	FY 18 GL-PL Ins Rpt Days								34,907		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$192.19	\$103.01	\$0.00	\$15.86	\$27.17	(with L&H)	\$23.54	\$7.17	\$11.92	\$3.52
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.5724</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.51								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$65.51	\$0.00	\$15.86	\$27.17		\$23.54	\$7.17	\$11.92	\$3.52
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$169.15	\$65.51	\$0.00	\$15.86	\$23.09		\$20.56	\$7.17	33.44 (FRV)	\$3.52
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Altwnc %	\$16.72	\$8.76	\$0.00	\$2.12	\$3.09	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$185.87	\$74.27	\$0.00	\$17.98	\$26.18	\$0.00	\$23.31	\$7.17	\$33.44	\$3.52
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.7361</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$128.94								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$240.54	\$128.94	\$0.00	\$17.98	\$26.18	\$0.00	\$23.31	\$7.17	\$33.44	\$3.52
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$7.09	\$7.09								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$2.58	\$2.58								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.52	\$10.20	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$268.06	\$139.14	\$0.00	\$18.20	\$26.18	\$0.00	\$40.41	\$7.17	\$33.44	\$3.52
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$188.22									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>The Oaks at Scenic View</b>  Prvdr ID: <b>00178307A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: <b>N/A</b>  Qtrly BIMS score: <b>22.4%</b>  Nurse Hours per On-Site Day/Quality Incentive: <b>3.91</b> </div> <div> Facility Score: <b>N/A</b>  Add-on Percent: <b>13.37%</b>  1.0%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: <b>1.5260</b>  Quarterly Medicaid CMI: <b>1.6722</b>  Qtrly Mcaid CMI w RUG Wght Options: <b>1.7041</b> </div> <div> Facility Specific: <b>1.5260</b>  1.6722  1.7041 </div> <div> State-wide: <b>1.3617</b>  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,083,419	\$4,226,764	\$0	\$654,059	\$498,833	\$545,367	\$1,141,692	\$356,084	\$680,620	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$145,534)	(\$2,957)	\$0	(\$577)	\$0	(\$3,418)	(\$138,181)		(\$107,447)	\$107,046
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,937,885	\$4,223,807	\$0	\$653,482	\$498,833	\$541,949	\$1,003,511	\$356,084	\$553,173	\$107,046
8	Total Nursing Facility Days As Filed Days = 47,855	FY12 Audited C/R Days	47,855									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 46,455	FY 18 GL-PL Ins Rpt Days								46,455		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$166.11	\$88.26	\$0.00	\$13.66	\$21.75	(with L&H)	\$20.97	\$7.67	\$11.56	\$2.24
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<b>1.5260</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.84								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$57.84	\$0.00	\$13.66	\$21.75		\$20.97	\$7.67	\$11.56	\$2.24
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$133.87	\$57.84	\$0.00	\$13.66	\$21.75		\$20.56	\$7.67	10.15 (FRV)	\$2.24
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <b>13.37%</b>	Ln 14 x Grwth Alkwn %	\$15.22	\$7.73	\$0.00	\$1.83	\$2.91	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$149.09	\$65.57	\$0.00	\$15.49	\$24.66	\$0.00	\$23.31	\$7.67	\$10.15	\$2.24
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.7041</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.74								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$195.26	\$111.74	\$0.00	\$15.49	\$24.66	\$0.00	\$23.31	\$7.67	\$10.15	\$2.24
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Snd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <b>1.0%</b> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.12	\$1.12								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <b>3.0%</b> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.35	\$3.35								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.73	\$5.00	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$217.99</b>	<b>\$116.74</b>	<b>\$0.00</b>	<b>\$15.71</b>	<b>\$25.07</b>	<b>\$0.00</b>	<b>\$40.41</b>	<b>\$7.67</b>	<b>\$10.15</b>	<b>\$2.24</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$150.67</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

**FINAL**

<div> <div> Provider: <b>The Oaks Nursing Home, Inc.</b>  Prvdr ID: <b>00142271A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: <b>N/A</b>  Qtrly BIMS score: <b>46.2%</b>  Nurse Hours per On-Site Day/Quality Incentive: <b>3.73</b> </div> <div> Facility Score: <b>N/A</b>  Add-on Percent: <b>13.37%</b>  5.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: <b>1.2854</b>  Quarterly Medicaid CMI: <b>1.7398</b>  Qtrly Mcaid CMI w RUG Wght Options: <b>1.7741</b> </div> <div> Facility Specific: <b>1.2854</b>  State-wide: <b>1.3617</b>  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,280,985	\$1,144,706	\$0	\$288,459	\$77,380	\$246,675	\$400,371	\$34,342	\$89,052	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$2,666)	\$3,281	\$0	\$383	(\$740)	(\$2,076)	(\$3,328)		(\$39,826)	\$39,640
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,278,319	\$1,147,987	\$0	\$288,842	\$76,640	\$244,599	\$397,043	\$34,342	\$49,226	\$39,640
8	Total Nursing Facility Days As Filed Days = 18,971	FY12 Audited C/R Days	18,971									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,365	FY 18 GL-PL Ins Rpt Days								21,365		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$119.89	\$60.51	\$0.00	\$15.23	\$16.93	(with L&H)	\$20.93	\$1.61	\$2.59	\$2.09
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<b>1.2854</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.08								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$47.08	\$0.00	\$15.23	\$16.93		\$20.93	\$1.61	\$2.59	\$2.09
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$118.28	\$47.08	\$0.00	\$15.23	\$16.93		\$20.56	\$1.61	14.78 (FRV)	\$2.09
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <b>13.37%</b>	Ln 14 x Grwth Alhnc %	\$13.34	\$6.29	\$0.00	\$2.04	\$2.26	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$131.62	\$53.37	\$0.00	\$17.27	\$19.19	\$0.00	\$23.31	\$1.61	\$14.78	\$2.09
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.7741</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.68								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.93	\$94.68	\$0.00	\$17.27	\$19.19	\$0.00	\$23.31	\$1.61	\$14.78	\$2.09
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <b>5.5%</b> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.21	\$5.21								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <b>3.0%</b> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.84	\$2.84								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.31	\$8.58	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$199.24</b>	<b>\$103.26</b>	<b>\$0.00</b>	<b>\$17.49</b>	<b>\$19.60</b>	<b>\$0.00</b>	<b>\$40.41</b>	<b>\$1.61</b>	<b>\$14.78</b>	<b>\$2.09</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$136.61</b>									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: The Oaks of Athens Prvdr ID: 00140126A H/B ?: No			Add-on Data and Percentages Growth Allowance: N/A BIMS: 14.3% Nurse Hours per On-Site Day/Quality Incentive: 4,50			Facility Score N/A 14.3% 4,50	Add-on Percent 13.37% 0.0% 3.0%	Case Mix Index (CMI) Data Base Period Overall CMI: 1.4177 Quarterly Medicaid CMI: 1.5144 Qtrly Mcaid CMI w RUG Wght Options: 1.5423			Facility Specific 1.4177 1.5144 1.5423	State-wide 1.3617 1.5438 1.5713
Case Mix Per Diem Rate Effective Date: 04/01/21 MDS & Nurse Hrs Data per Quarter Ending: 12/31/20												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								\$ 356,084		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								48,701		
	Standard Per Diem (After CMA for Routine Svcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$30.90	\$1.82
	Allowed @ 95% of Std		\$159.61	\$67.93		\$17.49	\$21.94		\$19.53		\$30.90	\$1.82
	Growth Allowance 13.4%		\$16.97	\$9.08		\$2.34	\$2.93		\$2.61			
	CMA Allowed Per Diem (After Growth Allowance)		\$183.89	\$77.01		\$19.83	\$24.87		\$22.14	\$ 7.31	\$30.90	\$1.82
	Quarterly Facility Case Mix Index for Medicaid Residents			1.5423							(FRV Rate)	
	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$118.78								
	Quarterly Medicaid CMA Allowed Per Diem		\$225.65	\$118.78		\$19.83	\$24.87		\$22.14	\$7.31	\$30.90	\$1.82
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)		\$0.00	\$0.00								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$3.56	\$3.56								
	Nursing Home Provider Fee		\$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		\$20.66									
	Quarterly Case Mix Based Per Diem Rate		\$246.31	\$122.34		\$19.83	\$24.87		\$39.24	\$7.31	\$30.90	\$1.82
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvd Fee) x 75%	\$171.91										



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

Provider: <b>The Oaks of Carrollton</b>				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00140181A</b>		Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>		Growth Allowance: <b>N/A</b>		<b>18.8%</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.5821</b>			<b>1.5821</b>	<b>1.3617</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>4.40</b>		Qtrly BIMS score: <b>18.8%</b>		<b>0.0%</b>	<b>2.0%</b>	Quarterly Medicaid CMI: <b>1.8543</b>			<b>1.8543</b>	<b>1.5382</b>
				Nurse Hours per On-Site Day/Quality Incentive: <b>4.40</b>		<b>2.0%</b>		Qtrly Mcaid CMI w RUG Wght Options: <b>1.8888</b>			<b>1.8888</b>	<b>1.5656</b>
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,037,555	\$1,367,458	\$0	\$234,636	\$223,314	\$223,429	\$506,430	\$101,051	\$381,237	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$46,635)	(\$3,973)	\$0	\$0	(\$1,599)	(\$3,386)	(\$34,759)		(\$88,849)	\$85,931
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,990,920	\$1,363,485	\$0	\$234,636	\$221,715	\$220,043	\$471,671	\$101,051	\$292,388	\$85,931
8	Total Nursing Facility Days As Filed Days = 14,520	FY12 Audited C/R Days	14,520									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 14,492	FY 18 GL-PL Ins Rpt Days								14,492		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$205.99	\$93.90	\$0.00	\$16.16	\$30.42	(with L&H)	\$32.48	\$6.97	\$20.14	\$5.92
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5821								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.35								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$59.35	\$0.00	\$16.16	\$30.42		\$32.48	\$6.97	\$20.14	\$5.92
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$154.29	\$59.35	\$0.00	\$16.16	\$23.09		\$20.56	\$6.97	22.24 (FRV)	\$5.92
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$15.94	\$7.94	\$0.00	\$2.16	\$3.09	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$170.23	\$67.29	\$0.00	\$18.32	\$26.18	\$0.00	\$23.31	\$6.97	\$22.24	\$5.92
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8888								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$127.10								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$230.04	\$127.10	\$0.00	\$18.32	\$26.18	\$0.00	\$23.31	\$6.97	\$22.24	\$5.92
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([SInd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Sfing Add-on	\$2.54	\$2.54								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.39	\$3.07	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$250.43	\$130.17	\$0.00	\$18.54	\$26.18	\$0.00	\$40.41	\$6.97	\$22.24	\$5.92
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$175.00									

**Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data**

**FINAL**

<div> <div> Provider: <b>The Place at Deans Bridge</b>  Prvdr ID: <b>00141589A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 44.4%  Nurse Hours per On-Site Day/Quality Incentive: 4.13 </div> <div> Add-on Percent:  13.37%  2.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.4214  Quarterly Medicaid CMI: 1.4545  Qtrly Mcaid CMI w RUG Wght Options: 1.4823 </div> <div> Facility Score  1.4214  1.4545  1.4823 </div> <div> State-wide  1.3617  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,709,219	\$2,353,279	\$0	\$469,452	\$245,103	\$221,119	\$735,262	\$200,608	\$484,396	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$347,696)	(\$160,571)	\$0	\$550	(\$683)	(\$618)	(\$182,099)		(\$40,182)	\$35,907
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,361,523	\$2,192,708	\$0	\$470,002	\$244,420	\$220,501	\$553,163	\$200,608	\$444,214	\$35,907
8	Total Nursing Facility Days As Filed Days = 29,016	FY12 Audited C/R Days	29,016									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,415	FY 18 GL-PL Ins Rpt Days								27,415		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$150.72	\$75.57	\$0.00	\$16.20	\$16.02	(with L&H)	\$19.06	\$7.32	\$15.31	\$1.24
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<b>1.4214</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.17								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$53.17	\$0.00	\$16.20	\$16.02		\$19.06	\$7.32	\$15.31	\$1.24
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$122.19	\$53.17	\$0.00	\$16.20	\$16.02		\$19.06	\$7.32	9.18 (FRV)	\$1.24
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$13.97	\$7.11	\$0.00	\$2.17	\$2.14	\$0.00	\$2.55	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$136.16	\$60.28	\$0.00	\$18.37	\$18.16	\$0.00	\$21.61	\$7.32	\$9.18	\$1.24
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.4823</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.35								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$165.23	\$89.35	\$0.00	\$18.37	\$18.16	\$0.00	\$21.61	\$7.32	\$9.18	\$1.24
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.23	\$2.23								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.68	\$2.68								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.54	\$5.44	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$188.77</b>	<b>\$94.79</b>	<b>\$0.00</b>	<b>\$18.59</b>	<b>\$18.57</b>	<b>\$0.00</b>	<b>\$39.08</b>	<b>\$7.32</b>	<b>\$9.18</b>	<b>\$1.24</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$128.75</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>The Place at Martinez</b>  Prvdr ID: <b>00142535A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 35.9%  Nurse Hours per On-Site Day/Quality Incentive: 4.12 </div> <div> Facility Score  Add-on Percent  13.37%  2.5%  2.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.3341  Quarterly Medicaid CMI: 1.4700  Qtrly Mcaid CMI w RUG Wght Options: 1.4932 </div> <div> Facility Specific  1.3617  1.5382  1.5656 </div> <div> State-wide </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,564,064	\$2,579,902	\$0	\$526,677	\$270,261	\$310,298	\$502,796	\$200,608	\$173,522	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstnts	\$285,585	(\$3,631)	\$0	\$0	\$395	(\$677)	(\$35,500)		\$277,664	\$47,334
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,849,649	\$2,576,271	\$0	\$526,677	\$270,656	\$309,621	\$467,296	\$200,608	\$451,186	\$47,334
8	Total Nursing Facility Days As Filed Days = 30,465	FY12 Audited C/R Days	30,465									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,936	FY 18 GL-PL Ins Rpt Days								27,936		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$159.78	\$84.56	\$0.00	\$17.29	\$19.05	(with L&H)	\$15.34	\$7.18	\$14.81	\$1.55
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<b>1.3341</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.39								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$63.39	\$0.00	\$17.29	\$19.05		\$15.34	\$7.18	\$14.81	\$1.55
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$133.89	\$63.39	\$0.00	\$17.29	\$19.05		\$15.34	\$7.18	10.09 (FRV)	\$1.55
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$15.39	\$8.48	\$0.00	\$2.31	\$2.55	\$0.00	\$2.05	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$149.28	\$71.87	\$0.00	\$19.60	\$21.60	\$0.00	\$17.39	\$7.18	\$10.09	\$1.55
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.4932</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.32								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.73	\$107.32	\$0.00	\$19.60	\$21.60	\$0.00	\$17.39	\$7.18	\$10.09	\$1.55
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.68	\$2.68								
22	Nurse Staff Hrs / Quality Add-on Per Diem: 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.15	\$2.15								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.46	\$5.36	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$208.19</b>	<b>\$112.68</b>	<b>\$0.00</b>	<b>\$19.82</b>	<b>\$22.01</b>	<b>\$0.00</b>	<b>\$34.86</b>	<b>\$7.18</b>	<b>\$10.09</b>	<b>\$1.55</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$143.32</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>The Retreat Nursing Home</b>  Prvdr ID: <b>00142733A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 33.3%  Nurse Hours per On-Site Day/Quality Incentive: 3.97 </div> <div> Facility Score: N/A  Add-on Percent: 13.37%  2.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.0648  Quarterly Medicaid CMI: 1.0931  Qtrly Mcaid CMI w RUG Wght Options: 1.1055 </div> <div> Facility Specific: 1.0648  1.0931  1.1055 </div> <div> State-wide: 1.3617  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,106,375	\$1,495,689	\$0	\$704,603	\$191,701	\$259,887	\$283,777	\$48,494	\$122,224	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	\$217,869	\$27,490	\$0	(\$1,623)	\$2,348	\$3,679	\$189,241		(\$8,976)	\$5,710
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,324,244	\$1,523,179	\$0	\$702,980	\$194,049	\$263,566	\$473,018	\$48,494	\$113,248	\$5,710
8	Total Nursing Facility Days As Filed Days = 19,848	FY12 Audited C/R Days	19,848									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,232	FY 18 GL-PL Ins Rpt Days								19,232		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$167.57	\$76.74	\$0.00	\$35.42	\$23.06	(with L&H)	\$23.83	\$2.52	\$5.71	\$0.29
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.0648								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$72.07								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$72.07	\$0.00	\$35.42	\$23.06		\$23.83	\$2.52	\$5.71	\$0.29
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155.03	\$71.51	\$0.00	\$29.15	\$23.06		\$20.56	\$2.52	7.94 (FRV)	\$0.29
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$19.29	\$9.56	\$0.00	\$3.90	\$3.08	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$174.32	\$81.07	\$0.00	\$33.05	\$26.14	\$0.00	\$23.31	\$2.52	\$7.94	\$0.29
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1055								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.62								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$182.87	\$89.62	\$0.00	\$33.05	\$26.14	\$0.00	\$23.31	\$2.52	\$7.94	\$0.29
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.02	\$0.00	\$0.00	\$0.00	\$0.02	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.24	\$2.24								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.69	\$2.69								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.05	\$4.93	\$0.00	\$0.00	\$0.02	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$204.92	\$94.55	\$0.00	\$33.05	\$26.16	\$0.00	\$40.41	\$2.52	\$7.94	\$0.29
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$140.87									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Thomasville Nurs. &amp; Rehab. Ctr.</b>  Prvdr ID: <b>00277604A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score 35.5%  Nurse Hours per On-Site Day/Quality Incentive: 3.03 </div> <div> Facility Score  N/A  2.5%  3.0% </div> <div> Add-on Percent  13.37%  2.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.5025  Quarterly Medicaid CMI: 1.6377  Qtrly Mcaid CMI w RUG Wght Options: 1.6687 </div> <div> Facility Specific  1.5025  1.6377  1.6687 </div> <div> State-wide  1.3617  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,738,554	\$1,148,365	\$0	\$309,188	\$177,148	\$127,277	\$634,398	\$10,271	\$331,907	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$309,976)	(\$124,318)	\$0	(\$10,866)	(\$4,518)	(\$433)	(\$205,441)		\$25,837	\$9,763
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,428,578	\$1,024,047	\$0	\$298,322	\$172,630	\$126,844	\$428,957	\$10,271	\$357,744	\$9,763
8	Total Nursing Facility Days As Filed Days = 16,153	FY12 Audited C/R Days	16,153									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,102	FY 18 GL-PL Ins Rpt Days								17,102		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$150.32	\$63.40	\$0.00	\$18.47	\$18.54	(with L&H)	\$26.56	\$0.60	\$22.15	\$0.60
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<b>1.5025</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$42.20								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$42.20	\$0.00	\$18.47	\$18.54		\$26.56	\$0.60	\$22.15	\$0.60
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$110.27	\$42.20	\$0.00	\$18.41	\$18.54		\$20.56	\$0.60	9.36 (FRV)	\$0.60
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Althnc %	\$13.33	\$5.64	\$0.00	\$2.46	\$2.48	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$123.60	\$47.84	\$0.00	\$20.87	\$21.02	\$0.00	\$23.31	\$0.60	\$9.36	\$0.60
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.6687</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$79.83								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$155.59	\$79.83	\$0.00	\$20.87	\$21.02	\$0.00	\$23.31	\$0.60	\$9.36	\$0.60
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.00	\$2.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.39	\$2.39								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.43	\$4.92	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$178.02</b>	<b>\$84.75</b>	<b>\$0.00</b>	<b>\$20.87</b>	<b>\$21.43</b>	<b>\$0.00</b>	<b>\$40.41</b>	<b>\$0.60</b>	<b>\$9.36</b>	<b>\$0.60</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$120.69</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Thomson Health &amp; Rehab</b>  Prvdr ID: <b>00143261A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score 47.6%  Nurse Hours per On-Site Day/Quality Incentive: 4.17 </div> <div> Facility Score  Add-on Percent  13.37%  5.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.1378  Quarterly Medicaid CMI: 1.3722  Qtrly Mcaid CMI w RUG Wght Options: 1.3928 </div> <div> Facility Specific  State-wide  1.3617  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,744,749	\$2,887,297	\$0	\$712,802	\$413,312	\$336,171	\$660,843	\$99,517	\$634,807	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$73,347)	\$1,582	\$0	\$0	\$887	\$721	(\$65,752)		(\$35,652)	\$24,867
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,671,402	\$2,888,879	\$0	\$712,802	\$414,199	\$336,892	\$595,091	\$99,517	\$599,155	\$24,867
8	Total Nursing Facility Days As Filed Days = 43,939	FY12 Audited C/R Days	43,939									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 42,165	FY 18 GL-PL Ins Rpt Days								42,165		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$129.17	\$65.75	\$0.00	\$16.22	\$17.09	(with L&H)	\$13.54	\$2.36	\$13.64	\$0.57
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1378								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.79								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$57.79	\$0.00	\$16.22	\$17.09		\$13.54	\$2.36	\$13.64	\$0.57
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$116.00	\$57.79	\$0.00	\$16.22	\$17.09		\$13.54	\$2.36	8.43 (FRV)	\$0.57
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$13.99	\$7.73	\$0.00	\$2.17	\$2.28	\$0.00	\$1.81	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$129.99	\$65.52	\$0.00	\$18.39	\$19.37	\$0.00	\$15.35	\$2.36	\$8.43	\$0.57
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3928								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.26								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$155.73	\$91.26	\$0.00	\$18.39	\$19.37	\$0.00	\$15.35	\$2.36	\$8.43	\$0.57
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.02	\$5.02								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.74	\$2.74								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.39	\$8.29	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$182.12	\$99.55	\$0.00	\$18.61	\$19.78	\$0.00	\$32.82	\$2.36	\$8.43	\$0.57
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$123.77									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Thunderbolt Transitional Care and Rehab</b>  Prvdr ID: <b>00727801A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 30.6%  Nurse Hours per On-Site Day/Quality Incentive: 3.23 </div> <div> Facility Score  Add-on Percent  13.37%  2.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.5802  Quarterly Medicaid CMI: 1.6028  Qtrly Mcaid CMI w RUG Wght Options: 1.6315 </div> <div> Facility Specific  1.5802  1.6028  1.6315 </div> <div> State-wide  1.3617  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,904,994	\$3,457,694	\$0	\$636,771	\$357,288	\$370,163	\$1,576,669	\$172,244	\$1,334,165	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$803,200)	(\$251,995)	\$0	(\$5,485)	(\$2,580)	\$724	(\$631,432)		(\$14,266)	\$101,834
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,101,794	\$3,205,699	\$0	\$631,286	\$354,708	\$370,887	\$945,237	\$172,244	\$1,319,899	\$101,834
8	Total Nursing Facility Days As Filed Days = 44,915	FY12 Audited C/R Days	44,895									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 45,494	FY 18 GL-PL Ins Rpt Days								45,494		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$158.13	\$71.40	\$0.00	\$14.06	\$16.16	(with L&H)	\$21.05	\$3.79	\$29.40	\$2.27
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5802								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$45.18								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$45.18	\$0.00	\$14.06	\$16.16		\$21.05	\$3.79	\$29.40	\$2.27
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$120.01	\$45.18	\$0.00	\$14.06	\$16.16		\$20.56	\$3.79	17.99 (FRV)	\$2.27
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Alhmc %	\$12.83	\$6.04	\$0.00	\$1.88	\$2.16	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$132.84	\$51.22	\$0.00	\$15.94	\$18.32	\$0.00	\$23.31	\$3.79	\$17.99	\$2.27
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6315								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$83.57								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$165.19	\$83.57	\$0.00	\$15.94	\$18.32	\$0.00	\$23.31	\$3.79	\$17.99	\$2.27
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Std - Ahdw) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.09	\$2.09								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.51	\$2.51								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.86	\$5.13	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$188.05	\$88.70	\$0.00	\$16.16	\$18.73	\$0.00	\$40.41	\$3.79	\$17.99	\$2.27
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$128.21									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Tifton Health and Rehab Center</b>  Prvdr ID: <b>00143294A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: <b>N/A</b>  Qtrly BIMS score: <b>35.9%</b>  Nurse Hours per On-Site Day/Quality Incentive: <b>3.21</b> </div> <div> Facility Score: <b>N/A</b>  Add-on Percent: <b>13.37%</b>  2.5%  2.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: <b>1.4355</b>  Quarterly Medicaid CMI: <b>1.6864</b>  Qtrly Mcaid CMI w RUG Wght Options: <b>1.7162</b> </div> <div> Facility Specific: <b>1.4355</b>  State-wide: <b>1.3617</b>  1.6864  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,499,668	\$2,295,359	\$0	\$441,741	\$161,006	\$209,565	\$1,084,888	\$3,029	\$304,080	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$277,786)	\$0	\$0	\$0	\$0	\$0	(\$277,786)		(\$30,668)	\$30,668
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,221,882	\$2,295,359	\$0	\$441,741	\$161,006	\$209,565	\$807,102	\$3,029	\$273,412	\$30,668
8	Total Nursing Facility Days As Filed Days = 31,601	FY12 Audited C/R Days	31,601									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,660	FY 18 GL-PL Ins Rpt Days								32,660		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$133.60	\$72.64	\$0.00	\$13.98	\$11.73	(with L&H)	\$25.54	\$0.09	\$8.65	\$0.97
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<b>1.4355</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.60								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$50.60	\$0.00	\$13.98	\$11.73		\$25.54	\$0.09	\$8.65	\$0.97
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$109.83	\$50.60	\$0.00	\$13.98	\$11.73		\$20.56	\$0.09	11.90 (FRV)	\$0.97
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <b>13.37%</b>	Ln 14 x Grwth Allwnc %	\$12.96	\$6.77	\$0.00	\$1.87	\$1.57	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$122.79	\$57.37	\$0.00	\$15.85	\$13.30	\$0.00	\$23.31	\$0.09	\$11.90	\$0.97
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.7162</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.46								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$163.88	\$98.46	\$0.00	\$15.85	\$13.30	\$0.00	\$23.31	\$0.09	\$11.90	\$0.97
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([SInd - Atwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <b>2.5%</b> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.46	\$2.46								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <b>2.0%</b> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.97	\$1.97								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.69	\$4.96	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$186.57</b>	<b>\$103.42</b>	<b>\$0.00</b>	<b>\$16.07</b>	<b>\$13.71</b>	<b>\$0.00</b>	<b>\$40.41</b>	<b>\$0.09</b>	<b>\$11.90</b>	<b>\$0.97</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$127.10</b>									



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

Provider: <b>Tower Road Healthcare</b>			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: <b>00083003A</b>			Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>		Growth Allowance: <b>N/A</b>		Base Period Overall CMI: <b>1.4452</b>				1.3617	
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/20</b>			Nurse Hours per On-Site Day/Quality Incentive: <b>2.72</b>		Qtrly BIMS score <b>24.6%</b>		Quarterly Medicaid CMI: <b>1.8050</b>				1.5382	
					2.0%		Qtrly Mcaid CMI w RUG Wght Options: <b>1.8403</b>				1.5656	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,808,435	\$3,614,570	\$0	\$652,801	\$289,111	\$444,765	\$1,459,904	\$56,650	\$290,634	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$147,207)	(\$47,672)	\$0	(\$212)	\$143	(\$345)	(\$99,121)		(\$54,872)	\$54,872
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,661,228	\$3,566,898	\$0	\$652,589	\$289,254	\$444,420	\$1,360,783	\$56,650	\$235,762	\$54,872
8	Total Nursing Facility Days As Filed Days = 40,246	FY12 Audited C/R Days	40,246									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,585	FY 18 GL-PL Ins Rpt Days								41,585		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$165.47	\$88.63	\$0.00	\$16.22	\$18.23	(with L&H)	\$33.81	\$1.36	\$5.86	\$1.36
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4452								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.33								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$61.33	\$0.00	\$16.22	\$18.23		\$33.81	\$1.36	\$5.86	\$1.36
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$131.71	\$61.33	\$0.00	\$16.22	\$18.23		\$20.56	\$1.36	12.65 (FRV)	\$1.36
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$15.56	\$8.20	\$0.00	\$2.17	\$2.44	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$147.27	\$69.53	\$0.00	\$18.39	\$20.67	\$0.00	\$23.31	\$1.36	\$12.65	\$1.36
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8403								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$127.96								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$205.70	\$127.96	\$0.00	\$18.39	\$20.67	\$0.00	\$23.31	\$1.36	\$12.65	\$1.36
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.28	\$1.28								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.56	\$2.56								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.10	\$4.37	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$227.80	\$132.33	\$0.00	\$18.61	\$21.08	\$0.00	\$40.41	\$1.36	\$12.65	\$1.36
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$158.03									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Townsend Park H &amp; R</b>  Prvdr ID: <b>00404995A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 35.2%  Nurse Hours per On-Site Day/Quality Incentive: 2.98 </div> <div> Add-on Percent  13.37%  2.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.3657  Quarterly Medicaid CMI: 1.2210  Qtrly Mcaid CMI w RUG Wght Options: 1.2401 </div> <div> Facility Specific  1.3657  1.2210  1.2401 </div> <div> State-wide  1.3617  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,890,696	\$2,276,104	\$0	\$454,843	\$338,849	\$263,394	\$960,646	\$118,231	\$478,629	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	\$149,130	\$167,177	\$0	\$0	\$0	\$0	(\$18,047)		(\$17,282)	\$17,282
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,039,826	\$2,443,281	\$0	\$454,843	\$338,849	\$263,394	\$942,599	\$118,231	\$461,347	\$17,282
8	Total Nursing Facility Days	As Filed Days = 28,961										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 41,002										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$172.82	\$84.36	\$0.00	\$15.71	\$20.79	(with L&H)	\$32.55	\$2.88	\$15.93	\$0.60
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.3657</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.77								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$61.77	\$0.00	\$15.71	\$20.79		\$32.55	\$2.88	\$15.93	\$0.60
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$134.71	\$61.77	\$0.00	\$15.71	\$20.79		\$20.56	\$2.88	12.40 (FRV)	\$0.60
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage =	Ln 14 x Grwth Allwnc %	\$15.89	\$8.26	\$0.00	\$2.10	\$2.78	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$150.60	\$70.03	\$0.00	\$17.81	\$23.57	\$0.00	\$23.31	\$2.88	\$12.40	\$0.60
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.2401</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.84								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$167.41	\$86.84	\$0.00	\$17.81	\$23.57	\$0.00	\$23.31	\$2.88	\$12.40	\$0.60
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Awd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem =	Ln 19 Col b x CPS Add-on	\$2.17	\$2.17								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Slfng Add-on	\$2.61	\$2.61								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.04	\$5.31	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$190.45	\$92.15	\$0.00	\$18.03	\$23.98	\$0.00	\$40.41	\$2.88	\$12.40	\$0.60
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$130.01									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

**FINAL**

<div> <div> Provider: <b>Traditions Health &amp; Rehab</b>  Prvdr ID: <b>00143701A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: <b>N/A</b>  Qtrly BIMS score: <b>55.9%</b>  Nurse Hours per On-Site Day/Quality Incentive: <b>3.80</b> </div> <div> Facility Score: <b>N/A</b>  Add-on Percent: <b>13.37%</b>  <b>5.5%</b>  <b>3.0%</b> </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: <b>1.2904</b>  Quarterly Medicaid CMI: <b>1.7507</b>  Qtrly Mcaid CMI w RUG Wght Options: <b>1.7819</b> </div> <div> Facility Specific: <b>1.2904</b>  <b>1.7507</b>  <b>1.7819</b> </div> <div> State-wide: <b>1.3617</b>  <b>1.5382</b>  <b>1.5656</b> </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,266,760	\$4,706,424	\$0	\$841,310	\$494,651	\$448,988	\$924,613	\$173,818	\$676,956	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstnts	(\$43,619)	(\$784)	\$0	\$0	\$0	\$0	(\$42,835)		(\$86,651)	\$86,651
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,223,141	\$4,705,640	\$0	\$841,310	\$494,651	\$448,988	\$881,778	\$173,818	\$590,305	\$86,651
8	Total Nursing Facility Days As Filed Days = 60,007	FY12 Audited C/R Days	60,007									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 61,768	FY 18 GL-PL Ins Rpt Days								61,768		
9	Net Per Diems prior to Case Mix Adjstnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$136.95	\$78.42	\$0.00	\$14.02	\$15.73	(with L&H)	\$14.69	\$2.81	\$9.84	\$1.44
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.2904</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.77								
12	Net Per Diems after Case Mix Adjstnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$60.77	\$0.00	\$14.02	\$15.73		\$14.69	\$2.81	\$9.84	\$1.44
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$118.85	\$60.77	\$0.00	\$14.02	\$15.73		\$14.69	\$2.81	9.39 (FRV)	\$1.44
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allownc %	\$14.05	\$8.12	\$0.00	\$1.87	\$2.10	\$0.00	\$1.96	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$132.90	\$68.89	\$0.00	\$15.89	\$17.83	\$0.00	\$16.65	\$2.81	\$9.39	\$1.44
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.7819</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$122.76								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$186.77	\$122.76	\$0.00	\$15.89	\$17.83	\$0.00	\$16.65	\$2.81	\$9.39	\$1.44
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.75	\$6.75								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.68	\$3.68								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$11.96	\$10.96	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$198.73</b>	<b>\$133.72</b>	<b>\$0.00</b>	<b>\$16.11</b>	<b>\$18.24</b>	<b>\$0.00</b>	<b>\$17.02</b>	<b>\$2.81</b>	<b>\$9.39</b>	<b>\$1.44</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$149.05</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

**FINAL**

<div> <div> Provider: <b>Treutlen County Health &amp; Rehab</b>  Prvdr ID: <b>00143349A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: <b>N/A</b>  Qtrly BIMS score: <b>43.9%</b>  Nurse Hours per On-Site Day/Quality Incentive: <b>3.20</b> </div> <div> Facility Score: <b>N/A</b>  Add-on Percent: <b>13.37%</b>  2.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: <b>1.5628</b>  Quarterly Medicaid CMI: <b>1.6977</b>  Qtrly Mcaid CMI w RUG Wght Options: <b>1.7299</b> </div> <div> Facility Specific: <b>1.5628</b>  1.6977  1.7299 </div> <div> State-wide: <b>1.3617</b>  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,674,762	\$1,402,185	\$0	\$320,749	\$135,542	\$193,942	\$404,100	\$48,009	\$170,235	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$10,992)	\$0	\$0	(\$1,740)	\$661	\$945	(\$13,631)		(\$1,661)	\$4,434
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,663,770	\$1,402,185	\$0	\$319,009	\$136,203	\$194,887	\$390,469	\$48,009	\$168,574	\$4,434
8	Total Nursing Facility Days As Filed Days = 18,155	FY12 Audited C/R Days	18,155									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,802	FY 18 GL-PL Ins Rpt Days								17,802		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$146.78	\$77.23	\$0.00	\$17.57	\$18.24	(with L&H)	\$21.51	\$2.70	\$9.29	\$0.24
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.5628</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.42								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$49.42	\$0.00	\$17.57	\$18.24		\$21.51	\$2.70	\$9.29	\$0.24
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$121.19	\$49.42	\$0.00	\$17.57	\$18.24		\$20.56	\$2.70	12.46 (FRV)	\$0.24
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allownc %	\$14.15	\$6.61	\$0.00	\$2.35	\$2.44	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$135.34	\$56.03	\$0.00	\$19.92	\$20.68	\$0.00	\$23.31	\$2.70	\$12.46	\$0.24
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.7299</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.93								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$176.24	\$96.93	\$0.00	\$19.92	\$20.68	\$0.00	\$23.31	\$2.70	\$12.46	\$0.24
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.42	\$2.42								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$2.91	\$2.91								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.59	\$5.86	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$199.83	\$102.79	\$0.00	\$20.14	\$21.09	\$0.00	\$40.41	\$2.70	\$12.46	\$0.24
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$137.05									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Twin Fountains Home</b>  Prvdr ID: <b>00142843A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: <b>N/A</b>  Qtrly BIMS score: <b>52.6%</b>  Nurse Hours per On-Site Day/Quality Incentive: <b>3.40</b> </div> <div> Facility Score: <b>N/A</b>  Add-on Percent: <b>13.37%</b>  5.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: <b>1.0956</b>  Quarterly Medicaid CMI: <b>1.0994</b>  Qtrly Mcaid CMI w RUG Wght Options: <b>1.1112</b> </div> <div> Facility Specific: <b>1.0956</b>  1.0994  1.1112 </div> <div> State-wide: <b>1.3617</b>  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,039,364	\$3,497,545	\$0	\$1,224,428	\$269,326	\$185,329	\$1,486,263	\$59,384	\$317,089	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$23,978)	\$0	\$0	\$0	\$0	\$0	(\$23,978)		(\$11,036)	\$11,036
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,015,386	\$3,497,545	\$0	\$1,224,428	\$269,326	\$185,329	\$1,462,285	\$59,384	\$306,053	\$11,036
8	Total Nursing Facility Days As Filed Days = 37,344	FY12 Audited C/R Days	37,344									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,434	FY 18 GL-PL Ins Rpt Days								36,434		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$187.91	\$93.66	\$0.00	\$32.79	\$12.17	(with L&H)	\$39.16	\$1.63	\$8.20	\$0.30
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<b>1.0956</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.49								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$85.49	\$0.00	\$32.79	\$12.17		\$39.16	\$1.63	\$8.20	\$0.30
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$135.11	\$71.51	\$0.00	\$18.41	\$12.17		\$20.56	\$1.63	10.53 (FRV)	\$0.30
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
15	Growth Allowance Percentage = <b>13.37%</b>	Ln 14 x Grwth Allwnc %	\$16.40	\$9.56	\$0.00	\$2.46	\$1.63	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$151.51	\$81.07	\$0.00	\$20.87	\$13.80	\$0.00	\$23.31	\$1.63	\$10.53	\$0.30
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.1112</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.08								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$160.52	\$90.08	\$0.00	\$20.87	\$13.80	\$0.00	\$23.31	\$1.63	\$10.53	\$0.30
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.41	\$0.00	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <b>5.5%</b> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.95	\$4.95								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <b>3.0%</b> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.70	\$2.70								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.16	\$7.65	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$185.68</b>	<b>\$97.73</b>	<b>\$0.00</b>	<b>\$20.87</b>	<b>\$14.21</b>	<b>\$0.00</b>	<b>\$40.41</b>	<b>\$1.63</b>	<b>\$10.53</b>	<b>\$0.30</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$126.44</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

**FINAL**

<div> <div> Provider: <b>Twin Oaks Convalescent Center</b>  Prvdr ID: <b>00143393A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 24.1%  Nurse Hours per On-Site Day/Quality Incentive: 10.56 </div> <div> Facility Score: Add-on Percent: 13.37%  1.0%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.2778  Quarterly Medicaid CMI: 1.4863  Qtrly Mcaid CMI w RUG Wght Options: 1.5132 </div> <div> Facility Specific: 1.2778  1.4863  1.5132 </div> <div> State-wide: 1.3617  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,128,275	\$2,616,768	\$0	\$793,659	\$232,385	\$246,571	\$618,450	\$65,154	\$555,288	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$234,366)	(\$200,812)	\$0	\$2,544	\$17,018	\$3,084	(\$48,561)		(\$15,041)	\$7,402
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,893,909	\$2,415,956	\$0	\$796,203	\$249,403	\$249,655	\$569,889	\$65,154	\$540,247	\$7,402
8	Total Nursing Facility Days As Filed Days = 30,138	FY12 Audited C/R Days	30,138									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,367	FY 18 GL-PL Ins Rpt Days								30,367		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$162.38	\$80.16	\$0.00	\$26.42	\$16.56	(with L&H)	\$18.91	\$2.15	\$17.93	\$0.25
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2778								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.73								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$62.73	\$0.00	\$26.42	\$16.56		\$18.91	\$2.15	\$17.93	\$0.25
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$145.92	\$62.73	\$0.00	\$26.42	\$16.56		\$18.91	\$2.15	18.90 (FRV)	\$0.25
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$16.66	\$8.39	\$0.00	\$3.53	\$2.21	\$0.00	\$2.53	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$162.58	\$71.12	\$0.00	\$29.95	\$18.77	\$0.00	\$21.44	\$2.15	\$18.90	\$0.25
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5132								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.62								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$199.08	\$107.62	\$0.00	\$29.95	\$18.77	\$0.00	\$21.44	\$2.15	\$18.90	\$0.25
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.08	\$1.08								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.23	\$3.23								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.94	\$4.84	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$222.02	\$112.46	\$0.00	\$30.17	\$19.18	\$0.00	\$38.91	\$2.15	\$18.90	\$0.25
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$153.69									

Provider: Twin View Health Care		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00040807A		Growth Allowance: N/A		13.37%	Base Period Overall CMI: 1.2987				1.3617			
Case Mix Per Diem Rate Effective Date: 4/1/2021		Qtrly BIMS score: 28.6% <td>1.0%</td> <td colspan="4">Quarterly Medicaid CMI: 1.5435</td> <td>1.5382</td> <td></td>		1.0%	Quarterly Medicaid CMI: 1.5435				1.5382			
MDS & Nurse Hrs Data per Quarter Ending: 12/31/20		Nurse Hours per On-Site Day/Quality Incentive: 2.11 <td>2.0%</td> <td colspan="4">Qtrly Mcaid CMI w RUG Wght Options: 1.5717</td> <td>1.5656</td> <td></td>		2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5717				1.5656			
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,496,358	\$1,767,082	\$0	\$378,395	\$285,702	\$188,332	\$484,426	\$33,172	\$359,249	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$129,932)	(\$91,481)	\$0	\$990	\$563	\$2,972	(\$30,069)		(\$44,411)	\$31,504
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,366,426	\$1,675,601	\$0	\$379,385	\$286,265	\$191,304	\$454,357	\$33,172	\$314,838	\$31,504
8	Total Nursing Facility Days As Filed Days = 38,732	FY12 Audited C/R Days	38,732									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 37,192	FY 18 GL-PL Ins Rpt Days								37,192		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$86.95	\$43.26	\$0.00	\$9.80	\$12.33	(with L&H)	\$11.73	\$0.89	\$8.13	\$0.81
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2987								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$33.31								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$33.31	\$0.00	\$9.80	\$12.33		\$11.73	\$0.89	\$8.13	\$0.81
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$76.06	\$33.31	\$0.00	\$9.80	\$12.33		\$11.73	\$0.89	7.19 (FRV)	\$0.81
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Growth Allownc %	\$8.98	\$4.45	\$0.00	\$1.31	\$1.65	\$0.00	\$1.57	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$85.04	\$37.76	\$0.00	\$11.11	\$13.98	\$0.00	\$13.30	\$0.89	\$7.19	\$0.81
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5717								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$59.35								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$106.63	\$59.35	\$0.00	\$11.11	\$13.98	\$0.00	\$13.30	\$0.89	\$7.19	\$0.81
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max. of 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.59	\$0.59								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.19	\$1.19								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.41	\$2.31	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$127.04	\$61.66	\$0.00	\$11.33	\$14.39	\$0.00	\$30.77	\$0.89	\$7.19	\$0.81
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$82.46									
27	Minimum Quarterly Case Mix Based Per Diem Rate		\$147.00									
28	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$97.43									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Union County Nursing Home</b>  Prvdr ID: <b>00143415A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 38.6%  Nurse Hours per On-Site Day/Quality Incentive: 4.82 </div> <div> Add-on Percent:  13.37%  2.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.1218  Quarterly Medicaid CMI: 1.1989  Qtrly Mcaid CMI w RUG Wght Options: 1.2202 </div> <div> Facility Specific  1.1218  1.1989  1.2202 </div> <div> State-wide  1.3617  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$9,035,736	\$4,745,381	\$0	\$1,274,391	\$475,144	\$646,645	\$1,224,348	\$119,878	\$549,949	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstms	(\$189,908)	(\$59,584)	\$0	\$113	\$3,623	\$3,403	(\$121,620)		(\$15,843)	\$0
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,845,828	\$4,685,797	\$0	\$1,274,504	\$478,767	\$650,048	\$1,102,728	\$119,878	\$534,106	\$0
8	Total Nursing Facility Days As Filed Days = 53,965	FY12 Audited C/R Days	53,965									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 52,874	FY 18 GL-PL Ins Rpt Days								52,874		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$163.97	\$86.83	\$0.00	\$23.62	\$20.92	(with L&H)	\$20.43	\$2.27	\$9.90	\$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1218								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.40								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$77.40	\$0.00	\$23.62	\$20.92		\$20.43	\$2.27	\$9.90	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$150.46	\$71.51	\$0.00	\$23.62	\$20.92		\$20.43	\$2.27	11.71 (FRV)	\$0.00
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allownc %	\$18.25	\$9.56	\$0.00	\$3.16	\$2.80	\$0.00	\$2.73	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$168.71	\$81.07	\$0.00	\$26.78	\$23.72	\$0.00	\$23.16	\$2.27	\$11.71	\$0.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2202								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.92								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$186.56	\$98.92	\$0.00	\$26.78	\$23.72	\$0.00	\$23.16	\$2.27	\$11.71	\$0.00
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.73	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.10		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.47	\$2.47								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.97	\$2.97								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.27	\$5.44	\$0.00	\$0.22	\$0.41	\$0.00	\$17.20	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$209.83	\$104.36	\$0.00	\$27.00	\$24.13	\$0.00	\$40.36	\$2.27	\$11.71	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$144.55									



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY14 Cost Report Data

FINAL

Provider: University Nursing and Rehab Center				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00140533A				Case Mix Per Diem Rate Effective Date: 4/1/2021		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.4327				1.4327	1.4014
MDS & Nurse Hrs Data per Quarter Ending: 12/31/20				Nurse Hours per On-Site Day/Quality Incentive: 3.44		Qtrly BIMS score: 21.1%	1.0%	Quarterly Medicaid CMI: 1.4361				1.4361	1.5382
							2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4602				1.4602	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g		h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
Peer Group Standards & Efficiency Measure Limits													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY 14 C/R - FY 18 GL-PL Rpt	\$3,429,093	\$1,878,812	\$0	\$254,029	\$134,931	\$141,835	\$678,738	\$10,987	\$329,761	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY14 C/R Audit Adjstmnts	(\$51,535)	(\$11,061)	\$0	\$0	\$723	\$4,137	(\$47,018)		(\$12,931)	\$14,615	
7	Cost Center Costs After Audit Adjustments	FY14 Audited C/R	\$3,377,558	\$1,867,751	\$0	\$254,029	\$135,654	\$145,972	\$631,720	\$10,987	\$316,830	\$14,615	
8	Total Nursing Facility Days As Filed Days = 16,905	FY14 Audited C/R Days	16,905										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,746	FY 18 GL-PL Ins Rpt Days								33,746			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$199.48	\$110.49	\$0.00	\$15.03	\$16.66	(with L&H)	\$37.37	\$0.33	\$18.74	\$0.86	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.4327									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.12									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$77.12	\$0.00	\$15.03	\$16.66		\$37.37	\$0.33	\$18.74	\$0.86	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.31	\$0.00	\$19.52	\$23.55		\$24.02	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$137.66	\$73.31	\$0.00	\$15.03	\$16.66		\$24.02	\$0.33	7.45 (FRV)	\$0.86	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Althmc %	\$17.25	\$9.80	\$0.00	\$2.01	\$2.23	\$0.00	\$3.21	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$154.91	\$83.11	\$0.00	\$17.04	\$18.89	\$0.00	\$27.23	\$0.33	\$7.45	\$0.86	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4602									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.36									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193.16	\$121.36	\$0.00	\$17.04	\$18.89	\$0.00	\$27.23	\$0.33	\$7.45	\$0.86	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.21	\$1.21									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.43	\$2.43									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.37	\$3.64	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$214.53	\$125.00	\$0.00	\$17.26	\$19.30	\$0.00	\$44.33	\$0.33	\$7.45	\$0.86	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$148.07										

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Vista Park Health and Rehab Prvdr ID: 00142931A H/B ? : No			Add-on Data and Percentages Growth Allowance: 04/01/21 MDS & Nurse Hrs Data per Quarter Ending: 12/31/20			Facility Score N/A BIMS: 43.8% Nurse Hours per On-Site Day/Quality Incentive: 3.39		Add-on Percent 13.37% 2.5% 3.0%		Case Mix Index (CMI) Data Base Period Overall CMI: 1.4571 Quarterly Medicaid CMI: 1.4292 Qtrly Mcaid CMI w RUG Wght Options: 1.4530			Facility Specific 1.4571 1.4292 1.4530		State-wide 1.3617 1.5438 1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Properly and Related	Taxes and Insurance				
			a	b	c	d	e	f	g		h	i				
CASE MIX BASED RATE CALCULATIONS																
Cost Center Peer Groups per Selected Options																
Type of Facility within Peer Group																
Bed Size Range within Peer Group																
Peer Group Standards & Efficiency Measure Limits																
Peer Group Standards: Percentile																
Peer Group Standards: Multiplier																
Efficiency Measures (Maximums)																
Per Diem Costs and Add-ons																
GL-PL- Insurance Costs																
Total Nursing Facility Days GL-PL Ins. Rpt																
Standard Per Diem (After CMA for Routine Svcs)																
Allowed @ 95% of Std																
Growth Allowance 13.4%																
CMA Allowed Per Diem (After Growth Allowance)																
Quarterly Facility Case Mix Index for Medicaid Residents																
Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem																
Quarterly Medicaid CMA Allowed Per Diem																
Quarterly Per Diem Add-On Amounts																
BIMS Add-on Per Diem = 2.5% (to Routine Svcs)																
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%																
Nursing Home Provider Fee																
Total Quarterly Per Diem Add-On Amounts																
Quarterly Case Mix Based Per Diem Rate																
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%																

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

**FINAL**

<div> <div> Provider: <b>Warm Springs Med. Ctr. NH</b>  Prvdr ID: <b>00141952A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 27.8%  Nurse Hours per On-Site Day/Quality Incentive: 2.69 </div> <div> Facility Score  Add-on Percent  13.37%  1.0%  2.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.1001  Quarterly Medicaid CMI: 1.2300  Qtrly Mcaid CMI w RUG Wght Options: 1.2487 </div> <div> Facility Specific  State-wide  1.1001  1.5382  1.5656 </div> </div> <div> Case Mix Per Diem Rate Effective Date: 4/1/2021  MDS &amp; Nurse Hrs Data per Quarter Ending: 12/31/20 </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,845,929	\$1,710,029	\$0	\$566,162	\$0	\$0	\$544,033	\$25,705	\$0	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	\$982,766	\$0	\$0	\$0	\$325,090	\$388,274	(\$28,856)		\$298,258	\$0
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,828,695	\$1,710,029	\$0	\$566,162	\$325,090	\$388,274	\$515,177	\$25,705	\$298,258	\$0
8	Total Nursing Facility Days As Filed Days = 27,516	FY12 Audited C/R Days	27,516									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,521	FY 18 GL-PL Ins Rpt Days								26,521		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$139.19	\$62.15	\$0.00	\$20.58	\$25.93	(with L&H)	\$18.72	\$0.97	\$10.84	\$0.00
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.1001</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.49								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$56.49	\$0.00	\$20.58	\$25.93		\$18.72	\$0.97	\$10.84	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$130.11	\$56.49	\$0.00	\$20.58	\$23.09		\$18.72	\$0.97	10.26 (FRV)	\$0.00
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$15.89	\$7.55	\$0.00	\$2.75	\$3.09	\$0.00	\$2.50	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$146.00	\$64.04	\$0.00	\$23.33	\$26.18	\$0.00	\$21.22	\$0.97	\$10.26	\$0.00
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.2487</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$79.97								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$161.93	\$79.97	\$0.00	\$23.33	\$26.18	\$0.00	\$21.22	\$0.97	\$10.26	\$0.00
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.80	\$0.80								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.60	\$1.60								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.62	\$2.93	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$182.55</b>	<b>\$82.90</b>	<b>\$0.00</b>	<b>\$23.55</b>	<b>\$26.18</b>	<b>\$0.00</b>	<b>\$38.69</b>	<b>\$0.97</b>	<b>\$10.26</b>	<b>\$0.00</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$124.09</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

**FINAL**

<div> <div> Provider: <b>Warner Robins Rehab &amp; Nursing Center</b>  Prvdr ID: <b>00141303A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: <b>N/A</b>  Qtrly BIMS score: <b>32.4%</b>  Nurse Hours per On-Site Day/Quality Incentive: <b>2.72</b> </div> <div> Facility Score: <b>N/A</b>  Add-on Percent: <b>13.37%</b>  2.5%  2.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: <b>1.5459</b>  Quarterly Medicaid CMI: <b>1.4123</b>  Qtrly Mcaid CMI w RUG Wght Options: <b>1.4353</b> </div> <div> Facility Specific: <b>1.5459</b>  State-wide: <b>1.3617</b>  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatins & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,541,365	\$3,069,052	\$0	\$662,018	\$347,953	\$450,378	\$1,243,288	\$132,171	\$636,505	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$161,485)	(\$43,238)	\$0	\$1,597	\$2,334	\$3,021	(\$129,469)		(\$57,815)	\$62,085
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,379,880	\$3,025,814	\$0	\$663,615	\$350,287	\$453,399	\$1,113,819	\$132,171	\$578,690	\$62,085
8	Total Nursing Facility Days As Filed Days = 43,304	FY12 Audited C/R Days	43,304									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,637	FY 18 GL-PL Ins Rpt Days								39,637		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$147.59	\$69.87	\$0.00	\$15.32	\$18.56	(with L&H)	\$25.72	\$3.33	\$13.36	\$1.43
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<b>1.5459</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$45.20								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$45.20	\$0.00	\$15.32	\$18.56		\$25.72	\$3.33	\$13.36	\$1.43
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$112.68	\$45.20	\$0.00	\$15.32	\$18.56		\$20.56	\$3.33	8.28 (FRV)	\$1.43
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
15	Growth Allowance Percentage = <b>13.37%</b>	Ln 14 x Grwth Allwnc %	\$13.32	\$6.04	\$0.00	\$2.05	\$2.48	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$126.00	\$51.24	\$0.00	\$17.37	\$21.04	\$0.00	\$23.31	\$3.33	\$8.28	\$1.43
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.4353</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$73.54								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$148.30	\$73.54	\$0.00	\$17.37	\$21.04	\$0.00	\$23.31	\$3.33	\$8.28	\$1.43
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <b>2.5%</b> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.84	\$1.84								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <b>2.0%</b> (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$1.47	\$1.47								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.57	\$3.84	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$169.87</b>	<b>\$77.38</b>	<b>\$0.00</b>	<b>\$17.59</b>	<b>\$21.45</b>	<b>\$0.00</b>	<b>\$40.41</b>	<b>\$3.33</b>	<b>\$8.28</b>	<b>\$1.43</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$114.58</b>									

**Quarterly Case Mix Based Per Diem Rate Calculations**  
Based On Audited FY12 Cost Report Data

**FINAL**

<b>Provider: Warrenton Health and Rehabilitation Center</b> <b>Prvdr ID: 00142645A</b>												
<b>Case Mix Per Diem Rate Effective Date: 4/1/2021</b> <b>MDS &amp; Nurse Hrs Data per Quarter Ending: 12/31/20</b>				<b>Add-on Data and Percentages</b>			<b>Facility Score</b>			<b>Add-on Percent</b>		
				Growth Allowance: N/A Qtrly BIMS score 38.6% Nurse Hours per On-Site Day/Quality Incentive: 3.22			13.37% 2.5% 2.0%			<b>Case Mix Index (CMI) Data</b>		
							Base Period Overall CMI: 1.3956 Quarterly Medicaid CMI: 1.6499 Qtrly Mcaid CMI w RUG Wght Options: 1.6823			1.3617 1.5382 1.5656		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,914,244	\$2,065,450	\$0	\$414,198	\$270,244	\$291,109	\$508,116	\$14,765	\$350,362	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$18,759)	\$0	\$0	(\$1,815)	\$0	(\$286)	(\$18,121)		(\$30,783)	\$32,246
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,895,485	\$2,065,450	\$0	\$412,383	\$270,244	\$290,823	\$489,995	\$14,765	\$319,579	\$32,246
8	Total Nursing Facility Days	As Filed Days = 27,472										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 25,255										
		FY12 Audited C/R Days	27,472									
		FY 18 GL-PL Ins Rpt Days								25,255		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$141.83	\$75.18	\$0.00	\$15.01	\$20.42	(with L&H)	\$17.84	\$0.58	\$11.63	\$1.17
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<b>1.3956</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.87								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$53.87	\$0.00	\$15.01	\$20.42		\$17.84	\$0.58	\$11.63	\$1.17
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$116.84	\$53.87	\$0.00	\$15.01	\$20.42		\$17.84	\$0.58	7.95 (FRV)	\$1.17
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage =	Ln 14 x Grwth Allownc %	\$14.33	\$7.20	\$0.00	\$2.01	\$2.73	\$0.00	\$2.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$131.17	\$61.07	\$0.00	\$17.02	\$23.15	\$0.00	\$20.23	\$0.58	\$7.95	\$1.17
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.6823</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.74								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.84	\$102.74	\$0.00	\$17.02	\$23.15	\$0.00	\$20.23	\$0.58	\$7.95	\$1.17
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem =	Ln 19 Col b x CPS Add-on	\$2.57	\$2.57								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$2.05	\$2.05								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.25	\$5.15	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$196.09	\$107.89	\$0.00	\$17.24	\$23.56	\$0.00	\$37.70	\$0.58	\$7.95	\$1.17
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$134.24									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Washington County ECF</b>  Prvdr ID: <b>00143481A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: <b>N/A</b>  Qtrly BIMS score: <b>36.6%</b>  Nurse Hours per On-Site Day/Quality Incentive: <b>4.45</b> </div> <div> Facility Score: <b>N/A</b>  Add-on Percent: <b>13.37%</b>  2.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: <b>1.2193</b>  Quarterly Medicaid CMI: <b>1.2220</b>  Qtrly Mcaid CMI w RUG Wght Options: <b>1.2405</b> </div> <div> Facility Specific: <b>1.2193</b>  State-wide: <b>1.3617</b>  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>Hosp Based</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,373,157	\$1,811,873	\$0	\$526,053	\$251,118	\$220,612	\$414,250	\$24,556	\$124,695	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$45,465)	(\$126,889)	\$0	\$13,233	\$23,828	\$2,360	\$44,850		(\$8,108)	\$5,261
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,327,692	\$1,684,984	\$0	\$539,286	\$274,946	\$222,972	\$459,100	\$24,556	\$116,587	\$5,261
8	Total Nursing Facility Days As Filed Days = 21,337	FY12 Audited C/R Days	21,174									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,995	FY 18 GL-PL Ins Rpt Days								20,995		
9	Net Per Diems prior to Case Mix Adjstnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$157.18	\$79.58	\$0.00	\$25.47	\$23.52	(with L&H)	\$21.68	\$1.17	\$5.51	\$0.25
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<b>1.2193</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.27								
12	Net Per Diems after Case Mix Adjstnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$65.27	\$0.00	\$25.47	\$23.52		\$21.68	\$1.17	\$5.51	\$0.25
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$145.68	\$65.27	\$0.00	\$25.47	\$23.09		\$20.56	\$1.17	9.87 (FRV)	\$0.25
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <b>13.37%</b>	Ln 14 x Grwth Allwnc %	\$17.98	\$8.73	\$0.00	\$3.41	\$3.09	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$163.66	\$74.00	\$0.00	\$28.88	\$26.18	\$0.00	\$23.31	\$1.17	\$9.87	\$0.25
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.2405</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.80								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.46	\$91.80	\$0.00	\$28.88	\$26.18	\$0.00	\$23.31	\$1.17	\$9.87	\$0.25
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <b>2.5%</b> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.30	\$2.30								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <b>3.0%</b> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.75	\$2.75								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.90	\$5.58	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$204.36</b>	<b>\$97.38</b>	<b>\$0.00</b>	<b>\$29.10</b>	<b>\$26.18</b>	<b>\$0.00</b>	<b>\$40.41</b>	<b>\$1.17</b>	<b>\$9.87</b>	<b>\$0.25</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$140.45</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Waycross Health &amp; Rehabilitation Center</b>  Prvdr ID: <b>00143459A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 28.6%  Nurse Hours per On-Site Day/Quality Incentive: 3.38 </div> <div> Facility Score  Add-on Percent  13.37%  1.0%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.2974  Quarterly Medicaid CMI: 1.5006  Qtrly Mcaid CMI w RUG Wght Options: 1.5286 </div> <div> Facility Specific  State-wide  1.2974  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,407,600	\$1,779,962	\$0	\$425,533	\$188,251	\$222,777	\$471,187	\$88,979	\$230,911	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$15,947)	\$0	\$0	\$0	\$0	\$0	(\$16,433)		(\$18,980)	\$19,466
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,391,653	\$1,779,962	\$0	\$425,533	\$188,251	\$222,777	\$454,754	\$88,979	\$211,931	\$19,466
8	Total Nursing Facility Days	As Filed Days = 26,933										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 24,654										
		FY12 Audited C/R Days	26,933									
		FY 18 GL-PL Ins Rpt Days								24,654		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$126.23	\$66.09	\$0.00	\$15.80	\$15.26	(with L&H)	\$16.88	\$3.61	\$7.87	\$0.72
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<b>1.2974</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.94								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$50.94	\$0.00	\$15.80	\$15.26		\$16.88	\$3.61	\$7.87	\$0.72
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$110.66	\$50.94	\$0.00	\$15.80	\$15.26		\$16.88	\$3.61	7.45 (FRV)	\$0.72
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage =	Ln 14 x Grwth Allwnc %	\$13.22	\$6.81	\$0.00	\$2.11	\$2.04	\$0.00	\$2.26	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$123.88	\$57.75	\$0.00	\$17.91	\$17.30	\$0.00	\$19.14	\$3.61	\$7.45	\$0.72
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.5286</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.28								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$154.41	\$88.28	\$0.00	\$17.91	\$17.30	\$0.00	\$19.14	\$3.61	\$7.45	\$0.72
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem =	Ln 19 Col b x CPS Add-on	\$0.88	\$0.88								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.65	\$2.65								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.16	\$4.06	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$176.57</b>	<b>\$92.34</b>	<b>\$0.00</b>	<b>\$18.13</b>	<b>\$17.71</b>	<b>\$0.00</b>	<b>\$36.61</b>	<b>\$3.61</b>	<b>\$7.45</b>	<b>\$0.72</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$119.60</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>WellStar Paulding Nursing Center</b>  Prvdr ID: <b>00142359A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score 41.8%  Nurse Hours per On-Site Day/Quality Incentive: 5.06 </div> <div> Facility Score  Add-on Percent  13.37%  2.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.0621  Quarterly Medicaid CMI: 1.0883  Qtrly Mcaid CMI w RUG Wght Options: 1.1005 </div> <div> Facility Specific  State-wide  1.0621  1.0883  1.1005  1.3617  1.5382  1.5656 </div> </div> <div> Case Mix Per Diem Rate Effective Date: 4/1/2021  MDS &amp; Nurse Hrs Data per Quarter Ending: 12/31/20 </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$16,220,913	\$6,862,339	\$0	\$2,190,817	\$888,453	\$806,941	\$2,925,067	\$177,092	\$2,370,204	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$332,707)	(\$313,898)	\$0	(\$2,116)	\$2,261	\$24,126	(\$43,080)		\$0	\$0
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$15,888,206	\$6,548,441	\$0	\$2,188,701	\$890,714	\$831,067	\$2,881,987	\$177,092	\$2,370,204	\$0
8	Total Nursing Facility Days As Filed Days = 63,718	FY12 Audited C/R Days	63,718									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 61,473	FY 18 GL-PL Ins Rpt Days								61,473		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$249.45	\$102.77	\$0.00	\$34.35	\$27.02	(with L&H)	\$45.23	\$2.88	\$37.20	\$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.0621								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$96.77								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$96.77	\$0.00	\$34.35	\$27.02		\$45.23	\$2.88	\$37.20	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155.62	\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$2.88	8.43 (FRV)	\$0.00
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$19.30	\$9.56	\$0.00	\$3.90	\$3.09	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$174.92	\$81.07	\$0.00	\$33.05	\$26.18	\$0.00	\$23.31	\$2.88	\$8.43	\$0.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1005								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.22								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$183.07	\$89.22	\$0.00	\$33.05	\$26.18	\$0.00	\$23.31	\$2.88	\$8.43	\$0.00
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Actd) x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.23	\$2.23								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sfng Add-on	\$2.68	\$2.68								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$4.91	\$4.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$187.98</b>	<b>\$94.13</b>	<b>\$0.00</b>	<b>\$33.05</b>	<b>\$26.18</b>	<b>\$0.00</b>	<b>\$23.31</b>	<b>\$2.88</b>	<b>\$8.43</b>	<b>\$0.00</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$140.99</b>									



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

**FINAL**

<div> <div> Provider: <b>Westbury H &amp; R - Conyers, Inc</b>  Prvdr ID: <b>00143503A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score 44.2%  Nurse Hours per On-Site Day/Quality Incentive: 4.22 </div> <div> Facility Score  Add-on Percent  13.37%  2.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.2886  Quarterly Medicaid CMI: 1.5095  Qtrly Mcaid CMI w RUG Wght Options: 1.5383 </div> <div> Facility Specific  State-wide  1.2886  1.5382  1.5656 </div> </div> <div> Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,747,204	\$4,760,679	\$0	\$991,199	\$601,647	\$631,055	\$1,039,305	\$143,697	\$579,622	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$226,908)	(\$33,605)	\$0	\$906	\$466	(\$9,971)	(\$177,875)		(\$87,467)	\$80,638
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,520,296	\$4,727,074	\$0	\$992,105	\$602,113	\$621,084	\$861,430	\$143,697	\$492,155	\$80,638
8	Total Nursing Facility Days As Filed Days = 55,567	FY12 Audited C/R Days	55,567									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 56,920	FY 18 GL-PL Ins Rpt Days								56,920		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$153.26	\$85.07	\$0.00	\$17.85	\$22.01	(with L&H)	\$15.50	\$2.52	\$8.86	\$1.45
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.2886</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.02								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$66.02	\$0.00	\$17.85	\$22.01		\$15.50	\$2.52	\$8.86	\$1.45
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$135.25	\$66.02	\$0.00	\$17.85	\$22.01		\$15.50	\$2.52	9.90 (FRV)	\$1.45
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Altwnc %	\$16.23	\$8.83	\$0.00	\$2.39	\$2.94	\$0.00	\$2.07	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$151.48	\$74.85	\$0.00	\$20.24	\$24.95	\$0.00	\$17.57	\$2.52	\$9.90	\$1.45
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.5383</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.14								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$191.77	\$115.14	\$0.00	\$20.24	\$24.95	\$0.00	\$17.57	\$2.52	\$9.90	\$1.45
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.88	\$2.88								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.45	\$3.45								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.96	\$6.86	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$216.73	\$122.00	\$0.00	\$20.46	\$25.36	\$0.00	\$35.04	\$2.52	\$9.90	\$1.45
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$149.72									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Westbury H &amp; R-McDonough, Inc</b>  Prvdr ID: <b>00143525A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: <b>N/A</b>  Qtrly BIMS score: <b>53.3%</b>  Nurse Hours per On-Site Day/Quality Incentive: <b>4.54</b> </div> <div> Facility Score: <b>N/A</b>  Add-on Percent: <b>13.37%</b>  <b>5.5%</b> </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: <b>1.2827</b>  Quarterly Medicaid CMI: <b>1.4856</b>  Qtrly Mcaid CMI w RUG Wght Options: <b>1.5148</b> </div> <div> Facility Specific: <b>1.3617</b>  <b>1.5382</b>  <b>1.5656</b> </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,627,469	\$4,495,983	\$0	\$1,108,982	\$606,111	\$614,641	\$965,266	\$128,134	\$708,352	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$209,225)	\$15,136	\$0	\$1,272	(\$1,574)	(\$13,942)	(\$202,960)		(\$80,933)	\$73,776
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,418,244	\$4,511,119	\$0	\$1,110,254	\$604,537	\$600,699	\$762,306	\$128,134	\$627,419	\$73,776
8	Total Nursing Facility Days As Filed Days = 54,323	FY12 Audited C/R Days	54,323									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 52,298	FY 18 GL-PL Ins Rpt Days								52,298		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$155.06	\$83.04	\$0.00	\$20.44	\$22.19	(with L&H)	\$14.03	\$2.45	\$11.55	\$1.36
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2827								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.74								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$64.74	\$0.00	\$20.44	\$22.19		\$14.03	\$2.45	\$11.55	\$1.36
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$132.60	\$64.74	\$0.00	\$18.41	\$22.19		\$14.03	\$2.45	9.42 (FRV)	\$1.36
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allownc %	\$15.97	\$8.66	\$0.00	\$2.46	\$2.97	\$0.00	\$1.88	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$148.57	\$73.40	\$0.00	\$20.87	\$25.16	\$0.00	\$15.91	\$2.45	\$9.42	\$1.36
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5148								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.19								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$186.36	\$111.19	\$0.00	\$20.87	\$25.16	\$0.00	\$15.91	\$2.45	\$9.42	\$1.36
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Sind - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.12	\$6.12								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.34	\$3.34								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.87	\$9.99	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$214.23</b>	<b>\$121.18</b>	<b>\$0.00</b>	<b>\$20.87</b>	<b>\$25.57</b>	<b>\$0.00</b>	<b>\$33.38</b>	<b>\$2.45</b>	<b>\$9.42</b>	<b>\$1.36</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$147.85</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: <b>Westbury Medical Care Home, Inc.</b>  Prvdr ID: <b>00143514A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: <b>N/A</b>  Qtrly BIMS score: <b>42.9%</b>  Nurse Hours per On-Site Day/Quality Incentive: <b>3.56</b> </div> <div> Facility Score: <b>N/A</b>  Add-on Percent: <b>13.37%</b>  2.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: <b>1.1885</b>  Quarterly Medicaid CMI: <b>1.5285</b>  Qtrly Mcaid CMI w RUG Wght Options: <b>1.5582</b> </div> <div> Facility Specific: <b>1.1885</b>  1.5285  1.5582 </div> <div> State-wide: <b>1.3617</b>  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,695,334	\$4,779,936	\$0	\$1,004,184	\$671,257	\$515,393	\$1,252,659	\$142,847	\$329,058	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$195,781)	(\$3,438)	\$0	\$0	(\$8,951)	(\$18,225)	(\$158,938)		(\$97,556)	\$91,327
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,499,553	\$4,776,498	\$0	\$1,004,184	\$662,306	\$497,168	\$1,093,721	\$142,847	\$231,502	\$91,327
8	Total Nursing Facility Days As Filed Days = 68,664	FY12 Audited C/R Days	68,664									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 67,751	FY 18 GL-PL Ins Rpt Days								67,751		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$123.81	\$69.56	\$0.00	\$14.62	\$16.89	(with L&H)	\$15.93	\$2.11	\$3.37	\$1.33
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<b>1.1885</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.53								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$58.53	\$0.00	\$14.62	\$16.89		\$15.93	\$2.11	\$3.37	\$1.33
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$120.20	\$58.53	\$0.00	\$14.62	\$16.89		\$15.93	\$2.11	10.79 (FRV)	\$1.33
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <b>13.37%</b>	Ln 14 x Grwth Alhwc %	\$14.17	\$7.83	\$0.00	\$1.95	\$2.26	\$0.00	\$2.13	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$134.37	\$66.36	\$0.00	\$16.57	\$19.15	\$0.00	\$18.06	\$2.11	\$10.79	\$1.33
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.5582</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.40								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$171.41	\$103.40	\$0.00	\$16.57	\$19.15	\$0.00	\$18.06	\$2.11	\$10.79	\$1.33
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Sind - Atwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <b>2.5%</b> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.59	\$2.59								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <b>3.0%</b> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.10	\$3.10								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.32	\$6.22	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$195.73</b>	<b>\$109.62</b>	<b>\$0.00</b>	<b>\$16.79</b>	<b>\$19.56</b>	<b>\$0.00</b>	<b>\$35.53</b>	<b>\$2.11</b>	<b>\$10.79</b>	<b>\$1.33</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$133.97</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY13 Cost Report Data

FINAL

Provider: <b>Westminister Commons</b>				Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: <b>00140082A</b>				Growth Allowance: N/A	41.2%	13.37%	Base Period Overall CMI: 1.3564				1.3564	1.3699
Case Mix Per Diem Rate Effective Date: 04/01/21				Qtrly BIMS score	2.5%		Quarterly Medicaid CMI: 1.3013				1.3013	1.5382
MDS & Nurse Hrs Data per Quarter Ending: 12/31/20				Nurse Hours per On-Site Day/Quality Incentive: 4.20	3.0%		Qtrly Mcaid CMI w RUG Wght Options: 1.3219				1.3219	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY13 C/R	\$4,634,507	\$2,142,321	\$0	\$373,615	\$221,648	\$334,257	\$885,491	\$115,686	\$561,489	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	(\$109,588)	\$0	\$0	\$0	\$0	\$0	(\$109,588)		(\$65,969)	\$65,969
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$4,524,919	\$2,142,321	\$0	\$373,615	\$221,648	\$334,257	\$775,903	\$115,686	\$495,520	\$65,969
8	Total Nursing Facility Days As Filed Days = 27,110	FY13 Audited C/R Days	27,110									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,912	FY 18 GL-PL Ins Rpt Days								26,912		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$166.94	\$79.02	\$0.00	\$13.78	\$20.51	(with L&H)	\$28.62	\$4.30	\$18.28	\$2.43
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.3564								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.26								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$58.26	\$0.00	\$13.78	\$20.51		\$28.62	\$4.30	\$18.28	\$2.43
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.90	\$0.00	\$19.14	\$23.27		\$23.46	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$130.55	\$58.26	\$0.00	\$13.78	\$20.51		\$23.46	\$4.30	7.81 (FRV)	\$2.43
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Altwnc %	\$15.51	\$7.79	\$0.00	\$1.84	\$2.74	\$0.00	\$3.14	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$146.06	\$66.05	\$0.00	\$15.62	\$23.25	\$0.00	\$26.60	\$4.30	\$7.81	\$2.43
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3219								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$87.31								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$167.32	\$87.31	\$0.00	\$15.62	\$23.25	\$0.00	\$26.60	\$4.30	\$7.81	\$2.43
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.18	\$2.18								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.62	\$2.62								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.06	\$5.33	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$190.38	\$92.64	\$0.00	\$15.84	\$23.66	\$0.00	\$43.70	\$4.30	\$7.81	\$2.43
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$129.96									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

Provider: <b>Westview Nursing &amp; Rehab Center</b>				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: <b>00143536A</b>				Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.3807</b>			<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/20</b>				Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score <b>27.1%</b>	<b>1.0%</b>	Quarterly Medicaid CMI: <b>1.8244</b>			<b>1.5382</b>	
						<b>3.89</b>	<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.8594</b>			<b>1.5656</b>	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,525,367	\$1,800,265	\$0	\$374,449	\$236,795	\$228,123	\$614,543	\$83,198	\$187,994	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$95,818)	\$0	\$0	\$0	(\$1,235)	(\$1,189)	(\$92,415)		(\$34,176)	\$33,197
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,429,549	\$1,800,265	\$0	\$374,449	\$235,560	\$226,934	\$522,128	\$83,198	\$153,818	\$33,197
8	Total Nursing Facility Days As Filed Days = 27,760	FY12 Audited C/R Days	27,760									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,696	FY 18 GL-PL Ins Rpt Days								26,696		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$123.67	\$64.85	\$0.00	\$13.49	\$16.66	(with L&H)	\$18.81	\$3.12	\$5.54	\$1.20
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.3807</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.97								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$46.97	\$0.00	\$13.49	\$16.66		\$18.81	\$3.12	\$5.54	\$1.20
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$111.39	\$46.97	\$0.00	\$13.49	\$16.66		\$18.81	\$3.12	11.14 (FRV)	\$1.20
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$12.82	\$6.28	\$0.00	\$1.80	\$2.23	\$0.00	\$2.51	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$124.21	\$53.25	\$0.00	\$15.29	\$18.89	\$0.00	\$21.32	\$3.12	\$11.14	\$1.20
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.8594</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.01								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$169.97	\$99.01	\$0.00	\$15.29	\$18.89	\$0.00	\$21.32	\$3.12	\$11.14	\$1.20
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem (ISnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.99	\$0.99								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.98	\$1.98								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.60	\$3.50	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$191.57</b>	<b>\$102.51</b>	<b>\$0.00</b>	<b>\$15.51</b>	<b>\$19.30</b>	<b>\$0.00</b>	<b>\$38.79</b>	<b>\$3.12</b>	<b>\$11.14</b>	<b>\$1.20</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$130.85</b>									

Quarterly Case Mix Per Diem Rate Calculations

FINAL

<div> <div> <div>Provider: <b>Westwood Nursing Center</b></div> <div>Prvdr ID: <b>00370862A</b></div> <div>H/B ? : No</div> </div> <div> <div>Case Mix Per Diem Rate Effective Date: <b>04/01/21</b></div> <div>MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b></div> </div> <div> <div>Add-on Data and Percentages</div> <div> <div>Growth Allowance: N/A</div> <div>BIMS 43.6%</div> <div>Nurse Hours per On-Site Day/Quality Incentive: 4.30</div> </div> </div> <div> <div>Facility Score</div> <div>Add-on Percent</div> </div> <div> <div>Case Mix Index (CMI) Data</div> <div> <div>Base Period Overall CMI: 1.3746</div> <div>Quarterly Medicaid CMI: 1.8648</div> <div>Qtrly Mcaid CMI w RUG Wght Options: 1.9004</div> </div> </div> <div> <div>Facility Specific</div> <div>State-wide</div> </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
	<b>Cost Center Peer Groups per Selected Options</b>			<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>1</b>			
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
	Net Historical Cost 2010	FY2010 C/R -FY 2018 GL-PL Rpt		1,136,799		233,063	132,845	149,522	328,763	47,102	316,084	2,412
	Inflation (July 2012) @ 2.06%			23,418		4,801	5,817		6,773			50
	Patient Days	FY 2010 Cost Rpt		19,770		19,770	19,770		19,770		19,770	19,770
	Total Nursing Facility Days GL-PL Ins. Rpt	FY 18 GL-PL Ins Rpt Days										
	Inflated NHC/ Patient Days			58.69		12.03	14.58		16.97	12,944	15.99	0.12
	Base Period Facility CMI for all Residents			1.3746						3.64		
	Routine Services Case Mix Adjusted Net Per Diem			\$42.69								
	Net Per Diems After Case Mix Adjustments		\$106.03	\$42.69		\$12.03	\$14.58		\$16.97	\$3.64	\$15.99	0.12
	Per Diem Standards			\$72.49		\$17.69	\$23.20		\$21.80			
	Base Period Case Mix Adjusted Allowed Per Diem		\$99.11	\$42.69		\$12.03	\$14.58		\$16.97	\$3.64	9.07	0.12
	<b>Quarterly Per Diem Rate Prior to Add-Ons</b>										(FRV Rate)	
	Growth Allowance 13.37%		\$11.53	\$5.71		\$1.61	\$1.95		\$2.27			
	CMA Allowed Per Diem After Growth Allowance		\$110.64	\$48.40		\$13.64	\$16.53		\$19.24	\$3.64	\$9.07	\$0.12
	Quarterly Facility Case Mix Index for Medicaid Residents			1.9004								
	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$91.98								
	Quarterly Medicaid CMA Allowed Per Diem		\$154.22	\$91.98		\$13.64	\$16.53		\$19.24	\$3.64	\$9.07	\$0.12
	<b>Quarterly Per Diem Add-On Amounts</b>											
	Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)		\$1.53	\$0.53		\$0.22	\$0.41		\$0.37			
	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)		\$2.30	2.30								
	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%		\$1.84	1.84								
	Nursing Home Provider Fee		\$ 17.10						\$ 17.10			
	Total Quarterly Per Diem Add-On Amounts		\$22.77									
	<b>Quarterly Case Mix Based Per Diem Rate</b>		\$176.99	\$96.65		\$13.86	\$16.94		\$36.71	\$3.64	\$9.07	\$0.12
	<b>Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%</b>		\$119.92									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

**FINAL**

<div> <div> Provider: <b>Westwood (University Extended Care)</b>  Prvdr ID: <b>00219359A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score 38.6%  Nurse Hours per On-Site Day/Quality Incentive: 3.76 3.0% </div> <div> Facility Score  Add-on Percent  13.37%  2.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.3761  Quarterly Medicaid CMI: 1.5031  Qtrly Mcaid CMI w RUG Wght Options: 1.5292 1.5656 </div> <div> Facility Specific  State-wide </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R - FY 2018 GL-PL Rpt	\$8,260,037	\$4,994,106	\$0	\$831,460	\$532,811	\$395,396	\$1,007,514	\$183,274	\$315,476	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$134,484)	\$0	\$0	\$0	\$0	(\$4,648)	(\$129,836)		\$0	\$0
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,125,553	\$4,994,106	\$0	\$831,460	\$532,811	\$390,748	\$877,678	\$183,274	\$315,476	\$0
8	Total Nursing Facility Days As Filed Days = 51,167	FY12 Audited C/R Days	51,167									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 50,751	FY 18 GL-PL Ins Rpt Days								50,751		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$158.83	\$97.60	\$0.00	\$16.25	\$18.05	(with L&H)	\$17.15	\$3.61	\$6.17	\$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.3761</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.92								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$70.92	\$0.00	\$16.25	\$18.05		\$17.15	\$3.61	\$6.17	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$142.39	\$70.92	\$0.00	\$16.25	\$18.05		\$17.15	\$3.61	16.41 (FRV)	\$0.00
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$16.35	\$9.48	\$0.00	\$2.17	\$2.41	\$0.00	\$2.29	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$158.74	\$80.40	\$0.00	\$18.42	\$20.46	\$0.00	\$19.44	\$3.61	\$16.41	\$0.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.5292</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$122.95								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$201.29	\$122.95	\$0.00	\$18.42	\$20.46	\$0.00	\$19.44	\$3.61	\$16.41	\$0.00
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem (Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.44	\$0.44	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.07	\$3.07								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$3.69	\$3.69								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.30	\$7.20	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$226.59</b>	<b>\$130.15</b>	<b>\$0.00</b>	<b>\$18.64</b>	<b>\$20.87</b>	<b>\$0.00</b>	<b>\$36.91</b>	<b>\$3.61</b>	<b>\$16.41</b>	<b>\$0.00</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$157.12</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

**FINAL**

<div> <div> Provider: <b>Wildwood Health Care, Inc.</b>  Prvdr ID: <b>00143547A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: <b>N/A</b>  Qtrly BIMS score: <b>22.2%</b>  Nurse Hours per On-Site Day/Quality Incentive: <b>4.16</b> </div> <div> Facility Score: <b>N/A</b>  Add-on Percent: <b>13.37%</b>  <b>2.0%</b> </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: <b>1.3013</b>  Quarterly Medicaid CMI: <b>1.4595</b>  Qtrly Mcaid CMI w RUG Wght Options: <b>1.4876</b> </div> <div> Facility Specific: <b>1.3013</b>  <b>1.4595</b>  <b>1.4876</b> </div> <div> State-wide: <b>1.3617</b>  <b>1.5382</b>  <b>1.5656</b> </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>  <b>Peer Group Standards &amp; Efficiency Measure Limits</b> 2 <i>Peer Group Standards: Percentile</i> 3 <i>Peer Group Standards: Multiplier</i> 4 <i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
				90.0%	90.0%	90.0%	85.0%		50.0%			
				100.0%	100.0%	100.0%	100.0%		105.0%			
				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R - FY 2018 GL-PL Rpt	\$2,109,487	\$1,107,662	\$0	\$281,589	\$162,295	\$165,310	\$351,885	\$8,987	\$31,759	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$41,467)	(\$1,169)	\$0	\$0	\$1,443	\$1,470	(\$43,494)		(\$11,947)	\$12,230
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,068,020	\$1,106,493	\$0	\$281,589	\$163,738	\$166,780	\$308,391	\$8,987	\$19,812	\$12,230
8	Total Nursing Facility Days As Filed Days = 15,340	FY12 Audited C/R Days	15,340									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,434	FY 18 GL-PL Ins Rpt Days								15,434		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$134.81	\$72.13	\$0.00	\$18.36	\$21.55	(with L&H)	\$20.10	\$0.58	\$1.29	\$0.80
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3013								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.43								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.43	\$0.00	\$18.36	\$21.55		\$20.10	\$0.58	\$1.29	\$0.80
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.05	\$55.43	\$0.00	\$18.36	\$21.55		\$20.10	\$0.58	9.23 (FRV)	\$0.80
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$15.43	\$7.41	\$0.00	\$2.45	\$2.88	\$0.00	\$2.69	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.48	\$62.84	\$0.00	\$20.81	\$24.43	\$0.00	\$22.79	\$0.58	\$9.23	\$0.80
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4876								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.48								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.12	\$93.48	\$0.00	\$20.81	\$24.43	\$0.00	\$22.79	\$0.58	\$9.23	\$0.80
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.32	\$0.53	\$0.00	\$0.04	\$0.41	\$0.00	\$0.34		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.93	\$0.93								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.87	\$1.87								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.22	\$3.33	\$0.00	\$0.04	\$0.41	\$0.00	\$17.44	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$193.34	\$96.81	\$0.00	\$20.85	\$24.84	\$0.00	\$40.23	\$0.58	\$9.23	\$0.80
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$132.18									



**Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data**

**FINAL**

<div> <div> Provider: <b>William Breman Jewish Home</b>  Prvdr ID: <b>00040752A</b> </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  Qtrly BIMS score: 48.2%  Nurse Hours per On-Site Day/Quality Incentive: 7.33 </div> <div> Facility Score: N/A  Add-on Percent: 13.37%  5.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.4004  Quarterly Medicaid CMI: 1.8792  Qtrly Mcaid CMI w RUG Wght Options: 1.9150 </div> <div> Facility Specific: 1.4004  1.8792  1.9150 </div> <div> State-wide: 1.3617  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$9,554,994	\$4,619,144	\$0	\$1,472,041	\$630,042	\$498,863	\$1,614,793	\$144,781	\$575,330	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$145,775)	\$7,250	\$0	\$0	(\$5,422)	(\$4,294)	(\$137,136)		(\$44,503)	\$37,330
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$9,408,219	\$4,626,394	\$0	\$1,472,041	\$624,620	\$494,569	\$1,477,657	\$144,781	\$530,827	\$37,330
8	Total Nursing Facility Days Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 33,439 As Filed Days = 33,595	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	33,439						33,595		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$281.33	\$138.35	\$0.00	\$44.02	\$33.47	(with L&H)	\$44.19	\$4.31	\$15.87	\$1.12
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4004								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$98.80								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$98.80	\$0.00	\$44.02	\$33.47		\$44.19	\$4.31	\$15.87	\$1.12
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$166.81	\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$4.31	27.81 (FRV)	\$1.12
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage =	Ln 14 x Grwth Allwnc %	\$17.86	\$9.56	\$0.00	\$2.46	\$3.09	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$184.67	\$81.07	\$0.00	\$20.87	\$26.18	\$0.00	\$23.31	\$4.31	\$27.81	\$1.12
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.9150								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$155.25								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$258.85	\$155.25	\$0.00	\$20.87	\$26.18	\$0.00	\$23.31	\$4.31	\$27.81	\$1.12
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Snd - Atwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem =	Ln 19 Col b x CPS Add-on	\$8.54	\$8.54								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$4.66	\$4.66								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$30.30	\$13.20	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$289.15	\$168.45	\$0.00	\$20.87	\$26.18	\$0.00	\$40.41	\$4.31	\$27.81	\$1.12
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$204.04									

Quarterly Case Mix Per Diem Rate Calculations

FINAL

<div> <div> Provider: Willowood Nursing Center  Pvdr ID: 00271829A  H/B ? : No </div> <div> Case Mix Per Diem Rate Effective Date: 04/01/21  MDS &amp; Nurse Hrs Data per Quarter Ending: 12/31/20 </div> <div> Add-on Data and Percentages  Growth Allowance: N/A  BIMS 37.1%  Nurse Hours per On-Site Day/Quality Incentive: 3.09 </div> <div> Facility Score  Add-on Percent  13.37%  2.5%  2.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: 1.1879  Quarterly Medicaid CMI: 1.7237  Qtrly Mcald CMI w RUG Wght Options: 1.7572 </div> <div> Facility Specific  State-wide  1.1879  1.3617  1.7237  1.5138  1.7572  1.5405 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekeeping	Plant Operations & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
<b>Cost Center Peer Groups per Selected Options</b> Type of Facility within Peer Group Bed Size Range within Peer Group <b>Peer Group Standards &amp; Efficiency Measure Limits</b> Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums)												
<b>Base Period Per Diem Allowed Amounts</b> Net Historical Cost 2010 Inflation (July 2012) @ 2.06% Patient Days Total Nursing Facility Days GL-PL Ins. Rpt Inflated NHC/ Patient Days Base Period Facility CMI for all Residents Routine Services Case Mix Adjusted Net Per Diem Net Per Diems After Case Mix Adjustments Per Diem Standards Base Period Case Mix Adjusted Allowed Per Diem												
<b>Quarterly Per Diem Rate Prior to Add-Ons</b> Growth Allowance 13.37% CMA Allowed Per Diem After Growth Allowance Quarterly Facility Case Mix Index for Medicaid Residents Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem												
<b>Quarterly Per Diem Add-On Amounts</b> Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0) BIMS Add-on Per Diem = 2.5% (to Routine Svcs) Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts												
<b>Quarterly Case Mix Based Per Diem Rate</b> Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%												
			\$158.12	\$80.36		\$13.59	\$15.72		\$37.41	\$2.52	\$7.99	\$0.53
			\$105.77									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

FINAL

Provider: <b>Windemere Health &amp; Rehab</b>			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: <b>00241678A</b>			Growth Allowance:		N/A	13.37%	Base Period Overall CMI:				1.5761	1.3617
Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>			Qtrly BIMS score		32.3%	2.5%	Quarterly Medicaid CMI:				1.5092	1.5382
MDS & Nurse Hrs Data per Quarter Ending: <b>12/31/20</b>			Nurse Hours per On-Site Day/Quality Incentive:		3.36	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.5348	1.5656
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Properly and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities All Bed Sizes</i>	1 <i>All Facilities All Bed Sizes</i>	2 <i>Free Standing All Bed Sizes</i>	1 <i>All Facilities All Bed Sizes</i>	1 <i>All Facilities All Bed Sizes</i>	1 <i>All Facilities All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,691,497	\$3,243,931	\$0	\$613,683	\$206,128	\$279,704	\$1,067,395	\$3,884	\$276,772	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$66,491)	\$0	\$0	\$0	(\$7,368)	(\$11,990)	(\$39,137)		(\$58,352)	\$50,356
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,625,006	\$3,243,931	\$0	\$613,683	\$198,760	\$267,714	\$1,028,258	\$3,884	\$218,420	\$50,356
8	Total Nursing Facility Days As Filed Days = 40,515	FY12 Audited C/R Days	40,515									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,159	FY 18 GL-PL Ins Rpt Days								38,159		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$138.84	\$80.07	\$0.00	\$15.15	\$11.51	(with L&H)	\$25.38	\$0.10	\$5.39	\$1.24
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.5761</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.80								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$50.80	\$0.00	\$15.15	\$11.51		\$25.38	\$0.10	\$5.39	\$1.24
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$108.68	\$50.80	\$0.00	\$15.15	\$11.51		\$20.56	\$0.10	9.32 (FRV)	\$1.24
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$13.11	\$6.79	\$0.00	\$2.03	\$1.54	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$121.79	\$57.59	\$0.00	\$17.18	\$13.05	\$0.00	\$23.31	\$0.10	\$9.32	\$1.24
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.5348</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.39								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$152.59	\$88.39	\$0.00	\$17.18	\$13.05	\$0.00	\$23.31	\$0.10	\$9.32	\$1.24
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((SInd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.21	\$2.21								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$2.65	\$2.65								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.12	\$5.39	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$175.71	\$93.78	\$0.00	\$17.40	\$13.46	\$0.00	\$40.41	\$0.10	\$9.32	\$1.24
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$118.96									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

**FINAL**

<div> <div> Provider: <b>Winder Nursing, Inc.</b>  Prvdr ID: <b>00142854A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: <b>N/A</b>  Qtrly BIMS score: <b>29.0%</b>  Nurse Hours per On-Site Day/Quality Incentive: <b>3.88</b> </div> <div> Facility Score: <b>N/A</b>  Add-on Percent: <b>13.37%</b>  1.0%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: <b>1.3615</b>  Quarterly Medicaid CMI: <b>1.3733</b>  Qtrly Mcaid CMI w RUG Wght Options: <b>1.3971</b> </div> <div> Facility Specific: <b>1.3615</b>  State-wide: <b>1.3617</b>  <b>1.5382</b>  <b>1.5656</b> </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R - FY 2018 GL-PL Rpt	\$7,471,546	\$4,058,730	\$0	\$827,505	\$349,698	\$545,779	\$1,031,580	\$118,089	\$540,165	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$86,521)	(\$32,627)	\$0	\$0	\$886	\$1,384	(\$57,483)		(\$18,805)	\$20,124
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,385,025	\$4,026,103	\$0	\$827,505	\$350,584	\$547,163	\$974,097	\$118,089	\$521,360	\$20,124
8	Total Nursing Facility Days As Filed Days = 53,832	FY12 Audited C/R Days	53,832									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 46,878	FY 18 GL-PL Ins Rpt Days								46,878		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$137.51	\$74.79	\$0.00	\$15.37	\$16.68	(with L&H)	\$18.10	\$2.52	\$9.68	\$0.37
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3615								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.93								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$54.93	\$0.00	\$15.37	\$16.68		\$18.10	\$2.52	\$9.68	\$0.37
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$119.13	\$54.93	\$0.00	\$15.37	\$16.68		\$18.10	\$2.52	11.16 (FRV)	\$0.37
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allownc %	\$14.04	\$7.34	\$0.00	\$2.05	\$2.23	\$0.00	\$2.42	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$133.17	\$62.27	\$0.00	\$17.42	\$18.91	\$0.00	\$20.52	\$2.52	\$11.16	\$0.37
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3971								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$87.00								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$157.90	\$87.00	\$0.00	\$17.42	\$18.91	\$0.00	\$20.52	\$2.52	\$11.16	\$0.37
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem (IStd - Ahdw) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.87	\$0.87								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.61	\$2.61								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.11	\$4.01	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$180.01	\$91.01	\$0.00	\$17.64	\$19.32	\$0.00	\$37.99	\$2.52	\$11.16	\$0.37
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$122.18									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

**FINAL**

<div> <div> Provider: <b>Winthrop Manor Nursing Center</b>  Prvdr ID: <b>00143118A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: <b>N/A</b>  Qtrly BIMS score: <b>18.2%</b>  Nurse Hours per On-Site Day/Quality Incentive: <b>3.13</b> </div> <div> Facility Score: <b>N/A</b>  Add-on Percent: <b>13.37%</b>  <b>0.0%</b>  <b>3.0%</b> </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: <b>1.3379</b>  Quarterly Medicaid CMI: <b>1.3858</b>  Qtrly Mcaid CMI w RUG Wght Options: <b>1.4068</b> </div> <div> Facility Specific: <b>1.3379</b>  <b>1.3858</b>  <b>1.4068</b> </div> <div> State-wide: <b>1.3617</b>  <b>1.5382</b>  <b>1.5656</b> </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>  <b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i> <i>Peer Group Standards: Multiplier</i> <i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,202,364	\$2,864,962	\$0	\$524,768	\$373,839	\$279,989	\$656,993	\$95,369	\$406,444	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$24,426)	\$0	\$0	\$0	\$227	\$0	(\$24,653)		(\$33,959)	\$33,959
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,177,938	\$2,864,962	\$0	\$524,768	\$374,066	\$279,989	\$632,340	\$95,369	\$372,485	\$33,959
8	Total Nursing Facility Days As Filed Days = 35,374 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,215	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	35,374								33,215	
9	Net Per Diems prior to Case Mix Adjstnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$146.55	\$80.99	\$0.00	\$14.83	\$18.49	(with L&H)	\$17.88	\$2.87	\$10.53	\$0.96
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3379								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.53								
12	Net Per Diems after Case Mix Adjstnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$60.53	\$0.00	\$14.83	\$18.49		\$17.88	\$2.87	\$10.53	\$0.96
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$125.82	\$60.53	\$0.00	\$14.83	\$18.49		\$17.88	\$2.87	10.26 (FRV)	\$0.96
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14.93	\$8.09	\$0.00	\$1.98	\$2.47	\$0.00	\$2.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$140.75	\$68.62	\$0.00	\$16.81	\$20.96	\$0.00	\$20.27	\$2.87	\$10.26	\$0.96
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4068								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.53								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$168.66	\$96.53	\$0.00	\$16.81	\$20.96	\$0.00	\$20.27	\$2.87	\$10.26	\$0.96
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$2.90	\$2.90								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.53	\$3.43	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$190.19</b>	<b>\$99.96</b>	<b>\$0.00</b>	<b>\$17.03</b>	<b>\$21.37</b>	<b>\$0.00</b>	<b>\$37.74</b>	<b>\$2.87</b>	<b>\$10.26</b>	<b>\$0.96</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$129.82</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

**FINAL**

<div> <div> Provider: <b>Wood Dale Health Care Center</b>  Prvdr ID: <b>00143591A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: <b>N/A</b>  Qtrly BIMS score: <b>38.1%</b>  Nurse Hours per On-Site Day/Quality Incentive: <b>2.34</b> </div> <div> Facility Score: <b>N/A</b>  Add-on Percent: <b>13.37%</b>  2.5%  2.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: <b>1.2524</b>  Quarterly Medicaid CMI: <b>1.4100</b>  Qtrly Mcaid CMI w RUG Wght Options: <b>1.4328</b> </div> <div> Facility Specific: <b>1.2524</b>  1.4100  1.4328 </div> <div> State-wide: <b>1.3617</b>  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>  <b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i> <i>Peer Group Standards: Multiplier</i> <i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,219,033	\$2,417,583	\$0	\$472,033	\$287,471	\$253,518	\$474,971	\$8,205	\$305,252	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$17,067)	\$0	\$0	(\$1,703)	\$0	\$0	(\$17,067)		(\$683)	\$2,386
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,201,966	\$2,417,583	\$0	\$470,330	\$287,471	\$253,518	\$457,904	\$8,205	\$304,569	\$2,386
8	Total Nursing Facility Days As Filed Days = 29,208 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,114	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	29,208									
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$143.86	\$82.77	\$0.00	\$16.10	\$18.52	(with L&H)	\$15.68	\$0.28	\$10.43	\$0.08
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<b>1.2524</b>								
11	Routine Svcs Case Mix Adjst (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.09								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$66.09	\$0.00	\$16.10	\$18.52		\$15.68	\$0.28	\$10.43	\$0.08
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.39	\$66.09	\$0.00	\$16.10	\$18.52		\$15.68	\$0.28	9.64 (FRV)	\$0.08
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <b>13.37%</b>	Ln 14 x Grwth Allwnc %	\$15.57	\$8.84	\$0.00	\$2.15	\$2.48	\$0.00	\$2.10	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.96	\$74.93	\$0.00	\$18.25	\$21.00	\$0.00	\$17.78	\$0.28	\$9.64	\$0.08
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.4328</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.36								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.39	\$107.36	\$0.00	\$18.25	\$21.00	\$0.00	\$17.78	\$0.28	\$9.64	\$0.08
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <b>2.5%</b> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.68	\$2.68								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <b>2.0%</b> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.15	\$2.15								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.46	\$5.36	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$197.85</b>	<b>\$112.72</b>	<b>\$0.00</b>	<b>\$18.47</b>	<b>\$21.41</b>	<b>\$0.00</b>	<b>\$35.25</b>	<b>\$0.28</b>	<b>\$9.64</b>	<b>\$0.08</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$135.56</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

**FINAL**

<div> <div> Provider: <b>Woodlands Health &amp; Rehab Ctr.</b>  Prvdr ID: <b>00141985A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: <b>N/A</b>  Qtrly BIMS score: <b>32.8%</b>  Nurse Hours per On-Site Day/Quality Incentive: <b>3.70</b> </div> <div> Facility Score: <b>N/A</b>  Add-on Percent: <b>13.37%</b>  <b>2.5%</b>  <b>2.0%</b> </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: <b>1.1917</b>  Quarterly Medicaid CMI: <b>1.3119</b>  Qtrly Mcaid CMI w RUG Wght Options: <b>1.3330</b> </div> <div> Facility Specific: <b>1.1917</b>  <b>1.3119</b>  <b>1.3330</b> </div> <div> State-wide: <b>1.3617</b>  <b>1.5382</b>  <b>1.5656</b> </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>  <b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i> <i>Peer Group Standards: Multiplier</i> <i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
2		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,762,052	\$1,272,623	\$0	\$311,916	\$156,979	\$216,758	\$457,187	\$22,007	\$324,582	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$84,945)	\$0	\$0	\$0	(\$419)	\$3,085	(\$86,820)		(\$29,248)	\$28,457
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,677,107	\$1,272,623	\$0	\$311,916	\$156,560	\$219,843	\$370,367	\$22,007	\$295,334	\$28,457
8	Total Nursing Facility Days As Filed Days = 22,087	FY12 Audited C/R Days	22,087									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,847	FY 18 GL-PL Ins Rpt Days								41,847		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$120.74	\$57.62	\$0.00	\$14.12	\$17.04	(with L&H)	\$16.77	\$0.53	\$13.37	\$1.29
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.1917</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.35								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$48.35	\$0.00	\$14.12	\$17.04		\$16.77	\$0.53	\$13.37	\$1.29
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$111.04	\$48.35	\$0.00	\$14.12	\$17.04		\$16.77	\$0.53	12.94 (FRV)	\$1.29
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$12.87	\$6.46	\$0.00	\$1.89	\$2.28	\$0.00	\$2.24	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$123.91	\$54.81	\$0.00	\$16.01	\$19.32	\$0.00	\$19.01	\$0.53	\$12.94	\$1.29
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.3330</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$73.06								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$142.16	\$73.06	\$0.00	\$16.01	\$19.32	\$0.00	\$19.01	\$0.53	\$12.94	\$1.29
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.83	\$1.83								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.46	\$1.46								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.92	\$3.82	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$164.08</b>	<b>\$76.88</b>	<b>\$0.00</b>	<b>\$16.23</b>	<b>\$19.73</b>	<b>\$0.00</b>	<b>\$36.48</b>	<b>\$0.53</b>	<b>\$12.94</b>	<b>\$1.29</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$110.24</b>									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY14 Cost Report Data

FINAL

Provider: Woodstock Nursing and Rehab Center				Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00171212A					Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.5030				1.4014	
Case Mix Per Diem Rate Effective Date: 4/1/2021					Qtrly BIMS score: 35.2%	2.5%	Quarterly Medicaid CMI: 1.6464				1.5382	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/20					Nurse Hours per On-Site Day/Quality Incentive: 3.52	2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6762				1.5656	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY 14 C/R - FY 18 GL-PL Rpt	\$4,660,444	\$2,454,523	\$0	\$361,256	\$172,432	\$210,220	\$771,588	\$202,899	\$487,526	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY14 C/R Audit Adjstmnts	(\$41,721)	(\$7,343)	\$0	\$0	\$6,537	\$8,304	(\$67,698)		(\$358)	\$18,837
7	Cost Center Costs After Audit Adjustments	FY14 Audited C/R	\$4,618,723	\$2,447,180	\$0	\$361,256	\$178,969	\$218,524	\$703,890	\$202,899	\$487,168	\$18,837
8	Total Nursing Facility Days As Filed Days = 22,894	FY14 Audited C/R Days	22,894									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 44,670	FY 18 GL-PL Ins Rpt Days								44,670		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$197.42	\$106.89	\$0.00	\$15.78	\$17.36	(with L&H)	\$30.75	\$4.54	\$21.28	\$0.82
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.5030								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.12								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$71.12	\$0.00	\$15.78	\$17.36		\$30.75	\$4.54	\$21.28	\$0.82
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.31	\$0.00	\$19.52	\$23.55		\$24.02	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$142.54	\$71.12	\$0.00	\$15.78	\$17.36		\$24.02	\$4.54	8.90 (FRV)	\$0.82
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Allwnc %	\$17.15	\$9.51	\$0.00	\$2.11	\$2.32	\$0.00	\$3.21	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$159.69	\$80.63	\$0.00	\$17.89	\$19.68	\$0.00	\$27.23	\$4.54	\$8.90	\$0.82
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6762								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$135.15								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$214.21	\$135.15	\$0.00	\$17.89	\$19.68	\$0.00	\$27.23	\$4.54	\$8.90	\$0.82
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.38	\$3.38								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.70	\$2.70								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.34	\$6.61	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$238.55	\$141.76	\$0.00	\$18.11	\$20.09	\$0.00	\$44.33	\$4.54	\$8.90	\$0.82
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$166.09									



Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY12 Cost Report Data

**FINAL**

<div> <div> Provider: <b>Wrightsville Manor</b>  Prvdr ID: <b>00143602A</b> </div> <div> Case Mix Per Diem Rate Effective Date: <b>4/1/2021</b>  MDS &amp; Nurse Hrs Data per Quarter Ending: <b>12/31/20</b> </div> <div> Add-on Data and Percentages  Growth Allowance: <b>N/A</b>  Qtrly BIMS score: <b>37.3%</b>  Nurse Hours per On-Site Day/Quality Incentive: <b>4.51</b> </div> <div> Facility Score: <b>N/A</b>  Add-on Percent: <b>13.37%</b>  2.5%  3.0% </div> <div> Case Mix Index (CMI) Data  Base Period Overall CMI: <b>1.2201</b>  Quarterly Medicaid CMI: <b>1.7451</b>  Qtrly Mcaid CMI w RUG Wght Options: <b>1.7782</b> </div> <div> Facility Specific: <b>1.2201</b>  1.7451  1.7782 </div> <div> State-wide: <b>1.3617</b>  1.5382  1.5656 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,150,140	\$2,168,346	\$0	\$499,164	\$248,106	\$236,149	\$477,182	\$122,740	\$398,453	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$101,335)	\$0	\$0	\$0	\$0	\$0	(\$100,981)		(\$26,499)	\$26,145
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,048,805	\$2,168,346	\$0	\$499,164	\$248,106	\$236,149	\$376,201	\$122,740	\$371,954	\$26,145
8	Total Nursing Facility Days As Filed Days = 33,384	FY12 Audited C/R Days	33,384									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,758	FY 18 GL-PL Ins Rpt Days								32,758		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$121.35	\$64.95	\$0.00	\$14.95	\$14.51	(with L&H)	\$11.27	\$3.75	\$11.14	\$0.78
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.2201</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.23								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$53.23	\$0.00	\$14.95	\$14.51		\$11.27	\$3.75	\$11.14	\$0.78
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$108.50	\$53.23	\$0.00	\$14.95	\$14.51		\$11.27	\$3.75	10.01 (FRV)	\$0.78
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$12.57	\$7.12	\$0.00	\$2.00	\$1.94	\$0.00	\$1.51	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$121.07	\$60.35	\$0.00	\$16.95	\$16.45	\$0.00	\$12.78	\$3.75	\$10.01	\$0.78
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.7782</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.31								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$168.03	\$107.31	\$0.00	\$16.95	\$16.45	\$0.00	\$12.78	\$3.75	\$10.01	\$0.78
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((SInd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.68	\$2.68								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$3.22	\$3.22								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.53	\$6.43	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$192.56</b>	<b>\$113.74</b>	<b>\$0.00</b>	<b>\$17.17</b>	<b>\$16.86</b>	<b>\$0.00</b>	<b>\$30.25</b>	<b>\$3.75</b>	<b>\$10.01</b>	<b>\$0.78</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$131.60</b>									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Wynfield Park Health & Rehab Pvdtr ID: 00141512A H/B ? : No			<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: 29.7% Nurse Hours per On-Site Day/Quality Incentive: 3.70			Facility Score N/A	Add-on Percent 13.37% 1.0% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: Quarterly Medicaid CMI: Qtrly Mcaid CMI w RUG Wght Options:			Facility Specific 1.2181 1.4307 1.4520	State-wide 1.3617 1.5438 1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
<i>Cost Center Peer Groups per Selected Options</i>				1	1	2	1	1	1			
<i>Type of Facility within Peer Group</i>				All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
<i>Bed Size Range within Peer Group</i>				All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
<i>Peer Group Standards: Percentile</i>				90.0%	90.0%	90.0%	85.0%		50.0%			
<i>Peer Group Standards: Multiplier</i>				100.0%	100.0%	100.0%	100.0%		105.0%			
<i>Efficiency Measures (Maximums)</i>				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Per Diem Costs and Add-ons</b>												
GL-PL- Insurance Costs		FY2018 GL-PL Ins. Rpt								\$ 176,326		
Total Nursing Facility Days GL-PL Ins. Rpt		FY2018 GL-PL Ins. Rpt								63,305		
Standard Per Diem (After CMA for Routine Svcs)		FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$25.63	\$1.23
<i>Allowed @ 95% of Std</i>			\$153.75	\$67.93		\$17.49	\$21.94		\$19.53		\$25.63	\$1.23
Growth Allowance 13.4%			\$16.97	\$9.08		\$2.34	\$2.93		\$2.61			
CMA Allowed Per Diem (After Growth Allowance)			\$173.51	\$77.01		\$19.83	\$24.87		\$22.14	\$ 2.79	\$25.63	\$1.23
Quarterly Facility Case Mix Index for Medicaid Residents				1.4520							(FRV Rate)	
Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem				\$111.82								
Quarterly Medicaid CMA Allowed Per Diem			\$208.31	\$111.82		\$19.83	\$24.87		\$22.14	\$2.79	\$25.63	\$1.23
<b>Quarterly Per Diem Add-On Amounts</b>												
BIMS Add-on Per Diem = 1.0% (to Routine Svcs)			\$1.12	\$1.12								
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%			\$3.35	\$3.35								
Nursing Home Provider Fee			\$17.10						17.10			
<b>Total Quarterly Per Diem Add-On Amounts</b>			\$21.57									
<b>Quarterly Case Mix Based Per Diem Rate</b>			\$229.89	\$116.29		\$19.83	\$24.87		\$39.24	\$2.79	\$25.63	\$1.23
<b>Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdtr Fee) x 75%</b>		\$159.59										

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Zebulon Park Health & Rehab Prvdr ID: 003125041B H/B ? : No			Add-on Data and Percentages Growth Allowance: N/A BIMS: 25.7% Nurse Hours per On-Site Day/Quality Incentive: 3.56			Facility Score N/A	Add-on Percent 13.37% 1.0% 3.0%	Case Mix Index (CMI) Data Base Period Overall CMI: Quarterly Medicaid CMI: Qtrly Mcaid CMI w RUG Wght Options:			Facility Specific Use Stwd 1.5101 1.5348 1.5713	State-wide 1.3617 1.5438 1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								\$ 63,806		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								21,332		
	Standard Per Diem (After CMA for Routine Svcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$36.35	\$5.28
	Allowed @ 95% of Std		\$168.52	\$67.93		\$17.49	\$21.94		\$19.53		\$36.35	\$5.28
	Growth Allowance 13.4%		\$16.97	\$9.08		\$2.34	\$2.93		\$2.61			
	CMA Allowed Per Diem (After Growth Allowance)		\$188.48	\$77.01		\$19.83	\$24.87		\$22.14	\$ 2.99	\$36.35	\$5.28
	Quarterly Facility Case Mix Index for Medicaid Residents			1.5348							(FRV Rate)	
	Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$118.20								
	Quarterly Medicaid CMA Allowed Per Diem		\$229.66	\$118.20		\$19.83	\$24.87		\$22.14	\$2.99	\$36.35	\$5.28
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)		\$1.18	\$1.18								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$3.55	\$3.55								
	Nursing Home Provider Fee		\$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		\$21.83									
	Quarterly Case Mix Based Per Diem Rate		\$251.49	\$122.93		\$19.83	\$24.87		\$39.24	\$2.99	\$36.35	\$5.28
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$175.79										