

Department of Community Health  
Nursing Facility Services  
Reimbursement Rates  
Effective July 1, 2020

Provider Number	Provider Name	Rate Effective 07/01/2020 Loc (S)	Rate Effective 07/01/2020 LOC (M)	Leave/BH Rate Effective 07/01/2020 LOC (L)
00493292A	A.G. Rhodes Home - Cobb, Inc.	255.94		179.13
00040818A	A.G. Rhodes Home at Wesley Woods, Inc.	248.15		173.29
00140005A	A.G. Rhodes Home, Inc.	248.20		173.33
00083025A	Abercorn Rehabilitation Center	194.33		132.92
003185378A	Advanced Health and Rehab of Twigg County	233.31		162.16
00140027A	Altamaha Healthcare Ctr.	153.21		102.08
00140049A	Amara Healthcare & Rehab.	183.04		124.46
00140379A	Anderson Mill Health & Rehab	196.17		134.30
003136416A	Ansley Park Health & Rehab Center	232.65		161.67
00140093A	Appling Nursing and Rehab Pavillion	221.68		153.44
003185502A	Archway Transitional Care Center	223.20		154.58
00143162A	Arrowhead Healthcare	196.05		134.21
00140159A	Autumn Breeze Health Care Ctr	194.80		133.28
00082992A	Autumn Lane	232.25		161.37
00142084A	Avalon Hlth. & Rehab	218.73		151.22
00059441A	Azalea Health & Rehab	194.43		133.00
00141963A	Azalea Health & Rehabilitation	183.71		124.96
00141886A	Azalea Trace Nursing Home	215.69		148.94
00141237A	Azalealand Nursing Home	230.24		159.86
00258915A	Bainbridge Health Care	169.87		114.58
00140203A	Baptist Village, Inc.	207.46		155.60
00624951A	Bayview Nursing Home	204.30		140.40
00143382A	Berrien Nursing Center	192.91		131.86
00142722A	Blue Ridge Healthcare of Buchanan	182.64		124.16
00059485A	Bolingreen Health & Rehab	190.28		129.89
00140357A	Bonterra Nursing Center	168.39		113.47
003192286A	Bostick Nursing Center	213.44		147.26
00140071A	Brentwood Health & Rehab	169.06		113.97
00140643A	Brian Center of Canton	196.60		134.63
00706813A	Briarwood Health & Rehab Center	201.68		138.44
00140412A	Brightmoor Health Care, Inc.	243.36		169.70
00059562A	Brown Health and Rehab	215.96		149.15
00140434A	Brown's Healthcare	154.42		102.99
00715569A	Bryan County Health & Rehab Ctr	208.75		143.74
00142601A	Bryant Health & Rehab. Ctr, Inc	181.04		122.96
003167547A	Budd Terrace at Wesley Woods	190.24		129.86

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00140577A	Calhoun Health Care Center	177.54		120.33
00140478A	Calhoun Nursing Home	228.43		158.50
00366341A	Camellia Gardens of Life Care	167.96		113.15
00140588A	Camellia Hlth & Rehab	192.86		131.82
00870911A	Candler Hospital Sub-Acute Unit	258.92		181.37
00140511A	Canton Nursing Center, Inc.	185.00		125.93
00140852A	Carrollton Manor, Inc.	189.95		129.64
00059661A	Carrollton Nursing & Rehab	221.34		153.18
00143085A	Cartersville Heights Care and Rehab	159.36		106.70
00140544A	Cedar Springs Health and Rehab Center	184.23		125.35
00142557A	Cedar Valley Nursing & Rehab	191.65		130.91
00059694A	Chaplinwood Health & Rehab	184.28		125.39
00209778A	Chatsworth Health Care Center	216.93		149.87
00143338A	Chatuge Regional Nursing Home	239.26		166.62
003165720A	Chelsey Park H&R	247.57		172.85
00413509A	Cherry Blossom Health Care	216.60		149.63
00228049A	Chestnut Ridge N&R	193.07		131.98
00158034A	Christian City Convalescent Center, Inc.	202.70		152.03
00143437A	Chulio Hills Health and Rehab Center	220.73		152.72
00140467A	Church Home Rehab & Healthcare	204.28		140.39
00142106A	Clinch Health Care	147.00		97.43
00856028A	Coastal Manor	229.74		159.48
00142711A	Cobblestone Rehab and Healthcare Center	197.88		135.59
00140654A	College Park Health Care Center	183.16		124.55
00220448A	Comer Health and Rehab	205.35		141.19
00141138A	Comfort Creek NRC of Wadley	173.90		117.60
00059892A	Cordele Health and Rehab	238.64		166.16
00141666A	Countryside Health Center	173.10		117.00
00141523A	Covenant Dove H/C of Macon	231.34		160.68
00273567A	Crestview Nursing Facility	168.93		126.70
00274128A	Crisp Regional Nursing and Rehab Ctr	242.15		168.79
00140302A	Cumming Nursing Center	220.26		152.37
000815493B	D. Scott Hudgens Center for Skilled Nursing	237.21		165.08
00142865A	Dade Health and Rehab Center	207.79		143.02
00140808A	Dawson Health & Rehab	185.71		126.46
00059452A	Decatur Health and Rehab Ctr	202.51		139.06

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00395161A	Delmar Gardens of Gw innett, Inc.	188.16		128.30
00296271A	Delmar Gardens of Smyrna	195.15		133.54
00141083A	Douglasville Nursing and Rehab Ctr.	185.22		126.09
00059947A	Dublinair Health & Rehab Center	178.51		121.06
00815295A	Dunw oody Health and Rehab Ctr	246.67		172.18
00143151A	Eagle Health	221.21		153.08
00140874A	Early Memorial Nursing Home	175.11		118.51
00140137A	East Lake Arbor	227.45		157.76
00141974A	Eastman Healthcare	160.11		107.26
00140885A	Eastview Nursing Home	177.12		120.02
00223473A	Eatonton Health & Rehabilitation Center	198.22		135.84
00140907A	Effingham Extended Care Facility	219.86		152.07
00140929A	Emanuel Medical Center Nursing Home	222.07		153.73
00142766A	Etow ah Landing Care and Rehab	170.15		114.79
835154999A	Evergreen Health and Rehab	182.62		124.14
00173071A	Fairburn Health Care Center	186.72		127.22
00140984A	Fifth Avenue Health Care	198.08		135.74
00207083A	Florence Hand Home	217.99		150.67
00141006A	Folkston Park Care and Rehab	166.19		111.82
00140599A	Fort Gaines Healthcare, LLC	181.66		123.42
00141028A	Fort Valley Nursing Ctr.	166.11		111.76
00405292A	Four County Health Care Center	170.62		115.14
00143074A	Fox Glove Court Care and Rehab	180.20		122.33
00141567A	Friendship Health and Rehab Center	204.52		140.57
00140786A	Gateway Health and Rehab Center	185.74		126.48
00141116A	Gibson Health & Rehabilitation Center	190.09		129.74
003214231A	Glen Eagle Healthcare & Rehab	220.04		152.20
00141149A	Glenn-Mor Nursing Home	195.17		133.55
00141171A	Glenvue Nursing Home	237.94		165.63
00220514A	Glenw ood Health and Rehab Center	182.20		123.83
701562744A	Glenw ood Healthcare	176.92		119.87
00142975A	Gold City Health and Rehabilitation Ctr	148.57		98.60
00202848A	Gordon Health Care Center	187.99		128.17
00083267A	Grace Health Care of Tucker	187.44		127.76
00141182A	Gracemore Nursing Center	189.12		129.02

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00141226A	Grandview Health Care Center	215.10		148.50
00083014A	Green Acres Health & Rehab	186.39		126.97
00142634A	Greene Point Healthcare	201.47		138.28
00781382A	Gw innett Extended Care Center	245.40		171.23
00141292A	Habersham Home	201.11		138.01
00141325A	Haralson Nursing and Rehab	171.59		115.87
00142447A	Harborview Health Systems - Pierce	256.93		179.87
00142755A	Harborview Health Systems - Satilla	249.91		174.61
00140621A	Harborview Health Systems - Thomaston	185.77		126.50
00141611A	Harborview Health Systems of Jesup	169.94		114.63
003165726A	Harrington Park	230.68		160.19
00167857A	Hart Care Center	173.62		117.39
00141413A	Hartw ell Health and Rehabilitation	202.09		138.74
00059705A	Hazlehurst Court Care and Rehab	160.58		107.61
00082981A	Heardmont Nursing Home	183.32		124.67
00141358A	Heart of Georgia	225.80		156.52
00141017A	Heritage Healthcare -Forsyth, LLC	191.53		130.82
00141215A	Heritage Healthcare -Grandview , LLC	197.25		135.11
00143613A	Heritage Inn of Barnesville	174.23		117.85
00142678A	Heritage Inn of Sandersville	185.47		126.28
00142161A	Heritage Inn of Statesboro	194.05		132.71
00212814A	High Shoals Health & Rehabilitation	205.48		141.29
00448456A	Hill Haven Nursing Home	187.43		127.75
00142689A	Jesup Health Care	189.64		129.41
00141633A	Joe-Ann Burgin Nursing Center	189.88		129.59
00531033A	Jonesboro Nurs. & Rehab Ctr.	185.85		126.56
00143426A	Kentw ood	235.34		163.68
00141655A	Keysville Nursing Home and Rehab Ctr	183.11		124.51
00399737A	Lafayette Nursing & Rehab Center	202.01		138.68
00270245A	LaGrange Nurs, & Rehab. Ctr.	161.20		108.08
00141699A	Lake City Nursing & Rehab Ctr.	178.15		120.79
00403939A	Lake Crossing Heath Care	169.21		114.08
00141732A	Lakeland Villa Convalescent Center	222.67		154.18
00712665A	Lee County Health Care	203.74		139.98
00141831A	Legacy Nursing Home	179.93		122.12
00415522A	Legacy Nursing Home	230.32		159.91

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00370873A	Life Care Center of Gw innett	199.70		136.95
00818914A	Life Care Center of Law renceville	208.19		143.32
00140665A	Life Care Center, Inc.	147.00		97.43
00142524A	Lillian G. Carter Nursing Center	179.36		121.70
00270256A	Lumber City Nurs. & Rehab. Ctr.	159.72		106.97
00083036A	Lynn Haven Health & Rehab	221.99		153.67
00083278A	Madison Hlth & Rehab	197.73		135.47
00083047A	Magnolia Manor Columbus East	201.10		138.00
00083124A	Magnolia Manor Columbus West	196.10		134.25
00141809A	Magnolia Manor Marion County	216.85		149.81
00040785A	Magnolia Manor Methodist Nursing Care	184.93		138.70
00141402A	Magnolia Manor St. Simons	202.02		138.69
00159266A	Manor Care Rehab Ctr of Decatur	182.62		124.14
00236211A	Manor Care Rehab Ctr of Marietta	197.58		135.36
00534619A	Maple Ridge Health Care Center	221.97		153.65
00141853A	McRae Manor Nursing Home	186.78		127.26
00141864A	Meadow brook Healthcare	202.75		139.24
003167911A	Meadow s Park H&R	270.08		189.74
00141941A	Medical Management H&R	147.00		97.43
00141919A	Memorial Manor Nursing Home	201.36		138.20
00141996A	Miller NH	307.31		217.66
00141578A	Miona Geriatric & Dementia Ctr	188.96		128.90
00142018A	Mitchell Convalescent Center	204.80		140.78
00142062A	Montezuma Health & Rehab	208.09		143.24
00143184A	Mountain View Health and Rehab Center	147.00		97.43
00083223A	Muscogee Manor & Rehab Center	254.65		178.16
00141336A	Nancy Hart Nursing Center	147.00		97.43
00083146A	National Health Care of Rossville	187.19		127.57
00141072A	New Horizons Lanier Park	211.00		145.43
00142007A	New Horizons Limestone	205.77		141.50
00494139A	New London Health Center	191.08		130.49
00040719A	New nan Hosp. Health & Rehab Ctr	206.99		142.42
00344759A	NHC of Fort Oglethorpe	181.68		123.44
00426214A	Northeast Atlanta H & R Ctr.	212.26		146.37
00059331A	Northridge Hlth & Rehab Ctr	204.53		140.57
00142183A	Nursecare of Buckhead	187.79		128.02

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00142249A	Oak View Home - Waverly Hall	184.56		125.60
00142238A	Oakview Health & Rehab Center	216.26		149.37
003188970A	Oceanside Health & Rehab - Tybee	229.07		158.98
00142293A	Oconee Health & Rehab	201.45		138.26
00947658A	Oconee Regional SNF	278.75		196.24
00142656A	Orchard Health and Rehab	198.31		135.91
00142117A	Orchard View Rehab & Skilled NC	208.79		156.59
00143316A	Oxley Park Health & Rehab	195.24		133.61
00142326A	Palemon Gaskins Nursing Home	217.67		150.43
00002164A	Park Place Nursing Facility	179.12		121.52
00141127A	Parkside Ellijay	219.30		151.65
00142425A	Pelham Parkway Nursing Home	174.20		117.83
00142458A	Pine Knoll Nursing and Rehab	199.72		136.97
00083135A	Pinehill Nursing Center	213.87		147.58
00142502A	Pineview 102, Crossview Care Ctr	165.36		111.20
00142513A	Pinewood Manor Nursing Home	147.00		97.43
00142205A	Pinewood Nursing Center	181.51		123.31
00142546A	Pleasant View Nursing Center	147.00		97.43
00222582A	Porter Field H & R Ctr, LLC	181.84		123.56
00530824A	Powder Springs Nurs. & Rehab. Ctr.	192.54		131.58
00141281A	Premier Estate of Dublin	180.35		122.44
00142579A	Presbyterian Home, Quitman, Inc.	202.29		151.72
00362832A	Presbyterian Village, Inc.	223.11		167.33
00142623A	Providence Healthcare of Sparta	213.62		147.39
00142612A	Providence Healthcare of Thomaston	167.52		112.82
00143569A	Pruitt Health - Washington	201.26		138.12
00140104A	PruittHealth - Ashburn, LLC	207.14		142.53
00141391A	PruittHealth - Athens Heritage, LLC	221.54		153.33
00059463A	PruittHealth - Augusta	203.15		139.54
00059276A	PruittHealth - Austell	216.83		149.80
00140973A	PruittHealth - Blue Ridge, LLC	195.05		133.46
00140115A	PruittHealth - Brookhaven	238.32		165.92
00265196A	PruittHealth - Covington	221.38		153.21
00140764A	PruittHealth - Crestwood	191.44		130.76
00252942A	PruittHealth - Decatur	226.27		156.88
00142997A	PruittHealth - Fairburn, LLC	240.75		167.74

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00140995A	PruittHealth - Fitzgerald	201.63		138.40
00214695A	PruittHealth - Fort Oglethorpe	182.53		124.07
00141039A	PruittHealth - Franklin, Inc	182.51		124.06
00143052A	PruittHealth - Griffin, LLC	189.48		129.29
00141721A	PruittHealth - Lakehaven	211.61		145.88
00140456A	PruittHealth - Lanier	200.47		137.53
00252007A	PruittHealth - Magnolia Manor	245.20		171.08
00202507A	PruittHealth - Marietta	236.22		164.34
00140269A	PruittHealth - Millen	195.56		133.85
00141468A	PruittHealth - Monroe, LLC	207.64		142.91
00142095A	PruittHealth - Moultrie	203.47		139.78
00142315A	PruittHealth - Ocilla	219.25		151.61
00142304A	PruittHealth - Old Capitol	172.27		116.38
00143327A	PruittHealth - Peake, LLC	226.08		156.74
00238323A	PruittHealth - Savannah	259.63		181.89
00142964A	PruittHealth - Shepherd Hills, LLC	176.71		119.71
00143173A	PruittHealth - Sunrise, LLC	191.50		130.80
00143195A	PruittHealth - Swainsboro, LLC	211.63		145.90
00409494A	PruittHealth - Toombsboro, LLC	210.33		144.92
00141369A	PruittHealth - Valdosta	201.86		138.57
00140401A	PruittHealth - Virginia Park	238.14		165.78
00256088A	PruittHealth - West Atlanta	196.03		134.20
00245055A	PruittHealth Augusta Hills	205.15		141.04
00140687A	PruittHealth- Eastside	235.32		163.67
00141479A	PruittHealth -Holly Hill	198.07		135.73
00142436A	PruittHealth -Jasper	238.19		165.82
00254394A	PruittHealth -Lafayette, LLC	203.44		139.76
00145527A	PruittHealth -Lilburn, LLC	202.13		138.77
00141908A	PruittHealth -Macon, LLC	226.63		157.15
00142337A	PruittHealth- Palmyra	185.90		126.60
299031876A	PruittHealth- Rome	215.61		148.88
00143096A	PruittHealth -Spring Valley, LLC	195.26		133.62
00143206A	PruittHealth- Sylvester	178.56		121.10
00143305A	PruittHealth -Toccoa, LLC	179.08		121.49
00140038A	PruittHealth-Greenville	189.82		129.54
00370851A	Quiet Oaks Health Care Center	192.26		131.37

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00150279A	Quinton Memorial Health Care	218.58		151.11
00837207A	Regency Park Health Care	220.07		152.23
00143283A	Rehab Center of South Georgia	200.13		137.27
321026473A	Reliable Health and Rehab	225.13		156.02
00141754A	Renaissance Care and Rehab Center	174.92		118.37
00238741A	Resorts at Pooler	185.94		126.63
00142744A	Ridgewood Manor Nursing Home	192.82		131.79
00082684A	River Towne Center	175.32		118.67
00083289A	Riverdale Place Care and Rehab	155.43		103.75
00140346A	Riverside Health & Rheab of Thomaston	209.47		144.28
00140324A	Riverside Healthcare Ctr	173.75		117.49
00040741A	Riverview Health & Rehab	232.86		161.82
00142777A	Roberta Health Care	147.00		97.43
00838252A	Rockdale Healthcare	194.72		133.22
003182988A	Rockmart Health	223.37		154.70
00140753A	Rome Health and Rehab	183.45		124.76
00083311A	Rose City Health and Rehab Ctr	185.13		126.02
00831751A	Roselane Health and Rehab Center	224.15		155.29
00587331A	Rosemont at Stone Mountain	211.54		145.83
00142942A	Ross Memorial Health Care Center	214.45		148.01
00141248A	Roswell Nursing and Rehab	247.41		172.73
00141842A	Sadie G. Mays Health & Rehab Center	182.59		136.94
00142876A	Savannah Beach Nursing & Rehab Center	192.76		131.75
00169199A	Scepter Health & Rehab	200.03		137.20
00141644A	Scott Health & Rehabilitation	191.70		130.95
00142898A	Sears Manor	191.90		131.10
00142909A	Seminole Manor Nursing Home	202.21		138.83
00143129A	Senior Care Ctr.- St. Marys	218.85		151.31
000830827B	Senior Care Ctr.-Brunswick	215.82		161.87
00142986A	Signature HC - Marietta	240.21		167.33
00040763A	Signature HC of Buckhead	225.25		156.11
00083157A	Signature Healthcare of Savannah	182.19		123.82
00143008A	Smith Medical Nursing Care Center	147.00		97.43
00143041A	Social Circle Nursing and Rehab	235.85		164.06
00140918A	Southern Pines Nursing Home	274.89		193.34
00143558A	Southland Healthcare & Rehab Ctr.	155.40		103.73

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00409054A	Southland Nursing Home	230.68		160.19
00059826A	Southwell Health and Rehab	237.90		165.60
00143063A	Sparta Health & Rehab	158.55		106.09
00851243A	St. Joseph's Transitional Care Unit	228.73		158.72
03143404A	Stevens Park	258.65		181.16
00142139A	Summerhill Elderliving Home	206.75		142.24
00040796A	Syl-View Health Care Center, Inc.	163.61		109.88
00727801A	Tara at Thunderbolt Nursing & Rehab Center	187.85		128.06
00143228A	Tattnall Nursing, LLC	147.00		97.43
00432924A	Taylor County Health Care	199.11		136.51
00059397A	The Bell Minor Home	187.43		127.75
00083102A	The Center for Advanced Rehab @ Parkside	248.27		173.38
00421429A	The Fountainview Ctr for Alzheimer's Disease	232.11		161.26
00142381A	The Lodge	252.27		176.38
00140258A	The Oaks - Bethany (Vidalia)	200.20		137.33
00141743A	The Oaks at Limestone, LLC	228.77		158.75
00178307A	The Oaks at Scenic View	216.20		149.33
00142271A	The Oaks Nursing Home, Inc.	203.62		139.89
00140126A	The Oaks of Athens	240.37		167.45
00140181A	The Oaks of Carrollton	227.41		157.73
00141589A	The Place at Deans Bridge	183.88		125.09
00142535A	The Place at Martinez	204.39		140.47
00142733A	The Retreat Nursing Home	195.05		133.46
00277604A	Thomasville Nurs. & Rehab. Ctr.	178.86		121.32
00143261A	Thomson Health & Rehab	185.14		126.03
00143294A	Tifton Health and Rehab Center	184.39		125.47
00083003A	Tower Road Healthcare	228.62		158.64
00404995A	Tow send Park H & R	200.35		137.44
00143701A	Traditions Health & Rehab	178.36		133.77
00143349A	Treutlen County Health & Rehab	202.16		138.80
00142843A	Twin Fountains Home	183.57		124.85
00143393A	Twin Oaks Convalescent Center	217.78		150.51
00040807A	Twin View Health Care	147.00		97.43
00143415A	Union County Nursing Home	214.37		147.95
00140533A	University Nursing and Rehab	217.78		150.51
00908553A	UPAC - Laurel Park	255.50		178.80

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Provider Number	Provider Name	Rate Effective 07/01/2020 Loc (S)	Rate Effective 07/01/2020 LOC (M)	Leave/BH Rate Effective 07/01/2020 LOC (L)
00142931A	Vista Park	240.65		167.67
00141952A	Warm Springs Med. Ctr. NH	170.37		114.95
00141303A	Warner Robins Rehab & Nursing Center	177.59		120.37
00142645A	Warrenton Health and Rehabilitation Center	195.69		133.94
00143481A	Washington County ECF	198.33		135.92
00143459A	Waycross Health & Rehabilitation Center	177.30		120.15
00142359A	WellStar Paulding Nursing Center	186.35		139.76
00143503A	Westbury H & R - Conyers, Inc	212.30		146.40
00143525A	Westbury H & R-McDonough, Inc	208.97		143.90
00143514A	Westbury Medical Care Home, Inc.	198.51		136.06
00140082A	Westminster Commons	193.44		132.26
00143536A	Westview Nursing & Rehab Center	186.24		126.86
00219359A	Westwood (University Extended Care)	220.90		152.85
00370862A	Westwood Nursing Center	180.82		122.79
00143547A	Wildwood Health Care, Inc.	203.89		140.09
00040752A	William Breman Jewish Home	251.23		175.60
00271829A	Willowood Nursing Center	163.13		109.52
00241678A	Windemere Health & Rehab	191.73		130.97
00142854A	Winder Nursing, Inc.	188.53		128.57
00143118A	Winthrop Manor Nursing Center	200.21		137.33
00143591A	Wood Dale Health Care Center	180.34		122.43
00141985A	Woodlands Health & Rehab Ctr.	147.00		97.43
00171212A	Woodstock Nursing and Rehab Ctr	245.00		170.93
00143602A	Wrightsville Manor	190.90		130.35
00141512A	Wynfield Park Health & Rehab	230.49		160.04
003125041B	Zebulon Park Health & Rehab	240.97		167.91

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

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance		
			a	b	c	d	e	f	g	g	h	i
<b>Provider: A.G. Rhodes Home - Cobb, Inc.</b> <b>Prvdr ID: 00493292A</b> Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20 Add-on Data and Percentages: Growth Allowance: N/A Qtrly BIMS score: 34.9% Nurse Hours per On-Site Day/Quality Incentive: 3.77 Facility Score: N/A Add-on Percent: 13.37% 2.5% 3.0% Case Mix Index (CMI) Data: Base Period Overall CMI: 1.4016 Quarterly Medicaid CMI: 1.6974 Qtrly Mcaid CMI w RUG Wght Options: 1.7298 1.4961 1.5223												
<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 Adjstmts	(\$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	45,950									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 24,825								24,825		
9	Net Per Diems prior to Case Mix Adjstml 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 Adjstml 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 =	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		1.7298								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$140.23								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$231.12	\$140.23	\$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 ((SInd - 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	\$0.00	\$0.00
21	BIMS Add-on Per Diem =	Ln 19 Col b x CPS Add-on	\$3.51	\$3.51								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$4.21	\$4.21								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.82	\$7.72	\$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	\$255.94	\$147.95	\$0.00	\$20.87	\$26.18	\$0.00	\$40.41	\$4.71	\$15.51	\$0.31
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$179.13									

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

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskprng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance		
			a	b	c	d	e	f	g	g	h	i
<b>Provider: A.G. Rhodes Home at Wesley Woods, Inc.</b> <b>Prvdr ID: 00040818A</b> Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20 Add-on Percent: 13.37% Facility Score: 49.4% Growth Allowance: N/A Qtrly BIMS score: 5.5% Nurse Hours per On-Site Day/Quality Incentive: 4.01 3.0% Base Period Overall CMI: 1.4319 Quarterly Medicaid CMI: 1.6197 Qtrly Mcaid CMI w RUG Wght Options: 1.6509 1.5223												
<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	<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	\$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 Adjstmts	(\$248,833)	(\$97,239)	\$0	(\$24,371)	\$4,671	\$2,981	(\$169,894)		\$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 Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 51,585 As Filed Days = 48,690	51,611								48,690	
9	Net Per Diems prior to Case Mix Adjstmt 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 Adjstmt 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 Allwnc %	\$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		1.6509								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$133.84								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$219.45	\$133.84	\$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 (Stnd - 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	\$0.00	\$0.00
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$7.36	\$7.36								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.02	\$4.02								
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	\$28.70	\$11.38	\$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	\$248.15	\$145.22	\$0.00	\$19.16	\$26.18	\$0.00	\$40.41	\$0.00	\$16.92	\$0.26
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$173.29									

Quarterly Case Mix Based Per Diem Rate Calculations  
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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>7/1/2020</b>		Growth Allowance: <b>N/A</b>		<b>N/A</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>03/31/20</b>		Qtrly BIMS score: <b>46.7%</b>		<b>46.7%</b>	<b>5.5%</b>	Quarterly Medicaid CMI: <b>1.6037</b>				<b>1.4961</b>	
				Nurse Hours per On-Site Day/Quality Incentive: <b>4.26</b>		<b>4.26</b>	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.6329</b>				<b>1.5223</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)		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	\$9,365,897	\$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 Adjstmts	(\$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 Case Mix Index 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 Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.6329</u>									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$132.38									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$219.85	\$132.38	\$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 ((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	\$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	\$7.28	\$7.28									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.97	\$3.97									
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	\$28.35	\$11.25	\$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	\$248.20	\$143.63	\$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	\$173.33										

Quarterly Case Mix Based Per Diem Rate Calculations  
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Provider: <b>Abercorn 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>00083025A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.5995</b>					<b>1.5995</b>	<b>1.3617</b>
		MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Qtrly BIMS score: <b>30.2%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.4846</b>					<b>1.4846</b>	<b>1.4961</b>
				Nurse Hours per On-Site Day/Quality Incentive: <b>3.14</b>	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.5100</b>					<b>1.5100</b>	<b>1.5223</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	\$5,595,788	\$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										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 30,185								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 =	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		1.5100								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.05								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$170.79	\$96.05	\$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 ((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	\$2.40	\$2.40								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Sifng 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	\$23.54	\$5.81	\$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	\$194.33	\$101.86	\$0.00	\$18.95	\$17.98	\$0.00	\$40.41	\$3.36	\$9.70	\$2.07
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$132.92									

Quarterly Case Mix Per Diem Calculation

Provider: Advanced Health and Rehab of Twiggs County	<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: 003185378A	Growth Allowance:		N/A	13.37%	Base Period Overall CMI:			Use Stwd	1.3617
H/B ? : No	Case Mix Per Diem Rate Effective Date: 07/01/20	BIMS:	33.0%	2.5%	Quarterly Medicaid CMI:			1.5886	1.4961
	MDS & Nurse Hrs Data per Quarter Ending: 03/31/20	Nurse Hours per On-Site Day/Quality Incentive:	3.54	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6197	1.5223

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	
<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			
	<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			
	<i>Per Diem Costs and Add-ons</i>											
	GL-PL- insurance Costs	FY2018 GL-PL Ins. Rpt										
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								\$ 54,437		
	Standard Per Diem (After CMA for Routine Svcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56	26,482	\$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			<u>1.6197</u>								
	Qrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$124.74							(FRV Rate)	
	Quarterly Medicaid CMA Allowed Per Diem		\$209.35	\$124.74		\$19.83	\$24.87		\$22.14	\$2.06	\$15.71	\$0.00
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 2.5% of Routine Svcs)		\$3.12	\$3.12								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$3.74	\$3.74								
	Nursing Home Provider Fee		\$17.10						17.10			
	<b>Total Quarterly Per Diem Add-On Amounts</b>		\$23.96									
	<b>Quarterly Case Mix Based Per Diem Rate</b>		\$233.31	\$131.60		\$19.83	\$24.87		\$39.24	\$2.06	\$15.71	\$0.00
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$162.16										

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

FINAL

Provider: <b>Altamaha Healthcare Ctr.</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: <b>00140027A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.4937</b>					<b>1.4937</b>	<b>1.3617</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>2.75</b>		Qtrly BIMS score: <b>20.4%</b>	<b>1.0%</b>	Quarterly Medicaid CMI: <b>1.5330</b>					<b>1.5330</b>	<b>1.4961</b>
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.5595</b>					<b>1.5595</b>	<b>1.5223</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	\$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	22,023									
9	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 20,546								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 =	Ln 14 x Grwth Allwnc %	\$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		1.5595								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$70.30								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$131.97	\$70.30	\$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 ((Stnd - 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 =	Ln 19 Col b x CPS Add-on	\$0.70	\$0.70								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$2.11	\$2.11								
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	\$21.24	\$3.34	\$0.00	\$0.22	\$0.41	\$0.00	\$17.27	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$153.21	\$73.64	\$0.00	\$13.65	\$16.43	\$0.00	\$40.32	\$0.63	\$7.34	\$1.20
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$102.08									

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

FINAL

Provider: <b>Amara Healthcare &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>00140049A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.1730</b>					<b>1.1730</b>	<b>1.3617</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>4.00</b>		Qtrly BIMS score: <b>25.0%</b>	<b>1.0%</b>	Quarterly Medicaid CMI: <b>1.6043</b>					<b>1.6043</b>	<b>1.4961</b>
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.6331</b>					<b>1.6331</b>	<b>1.5223</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	\$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										
8	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 35,067									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 =	Ln 14 x Grwth Allwnc %	\$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		1.6331								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.72								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$161.03	\$93.72	\$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 - 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 =	Ln 19 Col b x CPS Add-on	\$0.94	\$0.94								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Sflng 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	\$22.01	\$4.28	\$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	\$183.04	\$98.00	\$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	\$124.46									

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

FINAL

Provider: <b>Anderson Mill 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>00140379A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>		<b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.4753</b>		<b>1.4753</b>	<b>1.3617</b>		
		MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Qtrly BIMS score: <b>26.4%</b>		<b>26.4%</b>	<b>1.0%</b>	Quarterly Medicaid CMI: <b>1.6339</b>		<b>1.6339</b>	<b>1.4961</b>		
		Nurse Hours per On-Site Day/Quality Incentive:		3.58		<b>3.58</b>	<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.6636</b>		<b>1.6636</b>	<b>1.5223</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	\$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											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 44,121								44,121			
9	Net Per Diems prior to Case Mix Adjstml 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	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4753									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.86									
12	Net Per Diems after Case Mix Adjstml 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	
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	N/A	
14	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	\$1.13	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	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	
16	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	
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		\$99.70									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.92	\$99.70	\$0.00	\$15.12	\$17.46	\$0.00	\$23.31	\$9.34	\$8.86	\$1.13	
<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	\$0.00	\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.00	\$1.00									
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	\$21.25	\$3.52	\$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	\$196.17	\$103.22	\$0.00	\$15.34	\$17.87	\$0.00	\$40.41	\$9.34	\$8.86	\$1.13	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$134.30										

Quarterly Case Mix Per Diem Calculation

Provider: Ansley Park 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
Pvdr 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: 07/01/20	BIMS: 15.2%			0.0%	Quarterly Medicaid CMI:			1.2416	1.4961
	MDS & Nurse Hrs Data per Quarter Ending: 03/31/20	Nurse Hours per On-Site Day/Quality Incentive: 4.06			3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.2627	1.5223

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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			
	<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>Per Diem Costs and Add-ons</b>											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								\$ 62,514		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								20,721		
	Standard Per Diem (After CMA for Routine Svcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$39.71	\$5.82
	<u>Allowed @ 95% of Std</u>		\$172.42	\$67.93		\$17.49	\$21.94		\$19.53		\$39.71	\$5.82
	Growth Allowance 13.4%		\$16.97	\$9.08		\$2.34	\$2.93		\$2.61			
	CMA Allowed Per Diem (After Growth Allowance)		\$192.41	\$77.01		\$19.83	\$24.87		\$22.14	\$ 3.02	\$39.71	\$5.82
	Quarterly Facility Case Mix Index for Medicaid Residents			1.2627							(FRV Rate)	
	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$97.24								
	Quarterly Medicaid CMA Allowed Per Diem		\$212.64	\$97.24		\$19.83	\$24.87		\$22.14	\$3.02	\$39.71	\$5.82
	<b>Quarterly Per Diem Add-On Amounts</b>											
	BIMS Add-on Per Diem = 0.0% of Routine Svcs)		\$0.00	\$0.00								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$2.92	\$2.92								
	Nursing Home Provider Fee		\$17.10						17.10			
	<b>Total Quarterly Per Diem Add-On Amounts</b>		\$20.02									
	<b>Quarterly Case Mix Based Per Diem Rate</b>		\$232.65	\$100.16		\$19.83	\$24.87		\$39.24	\$3.02	\$39.71	\$5.82
	<b>Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%</b>	\$161.67										

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

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Provider: <b>Appling Nursing and Rehab Pavillion</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: <b>00140093A</b>	Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>	Growth Allowance: <b>N/A</b>	Qtrly BIMS score: <b>16.7%</b>	<b>13.37%</b>	<b>0.0%</b>	Base Period Overall CMI: <b>1.0796</b>					<b>1.3617</b>	
	MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>	Nurse Hours per On-Site Day/Quality Incentive: <b>2.35</b>	<b>2.0%</b>	Quarterly Medicaid CMI: <b>1.0816</b>					<b>1.4961</b>			
				Qtrly Mcaid CMI w RUG Wght Options: <b>1.0954</b>					<b>1.5223</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	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										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 36,711								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		<u>1.0796</u>								
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 = <u>13.37%</u>	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										
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.80								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.39	\$88.80	\$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 ((Stnd - 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 = <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 Stfng Add-on	\$1.78	\$1.78								
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	\$19.29	\$1.78	\$0.00	\$0.22	\$0.00	\$0.00	\$17.29	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$221.68	\$90.58	\$0.00	\$29.82	\$26.18	\$0.00	\$40.30	\$5.94	\$28.86	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$153.44									

Quarterly Case Mix Per Diem Calculation

Provider: Archway Transitional Care 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: 003185502A	Growth Allowance:		N/A	13.37%	Base Period Overall CMI:			Use Stwd	1.3617
H/B ? : No	Case Mix Per Diem Rate Effective Date: 07/01/20	BIMS:	47.7%	5.5%	Quarterly Medicaid CMI:			1.2407	1.4961
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20	Nurse Hours per On-Site Day/Quality Incentive:	4.01	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.2607	1.5223	

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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								\$ 95,619		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								19,779		
	Standard Per Diem (After CMA for Routine Svcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$24.20	\$5.86
	<u>Allowed @ 95% of Std</u>		\$156.95	\$67.93		\$17.49	\$21.94		\$19.53		\$24.20	\$5.86
	Growth Allowance 13.4%		\$16.97	\$9.08		\$2.34	\$2.93		\$2.61			
	CMA Allowed Per Diem (After Growth Allowance)		\$178.75	\$77.01		\$19.83	\$24.87		\$22.14	\$ 4.83	\$24.20	\$5.86
	Quarterly Facility Case Mix Index for Medicaid Residents			<u>1.2607</u>							(FRV Rate)	
	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$97.09								
	Quarterly Medicaid CMA Allowed Per Diem		\$198.82	\$97.09		\$19.83	\$24.87		\$22.14	\$4.83	\$24.20	\$5.86
	<b>Quarterly Per Diem Add-On Amounts</b>											
	BIMS Add-on Per Diem = 5.5% of Routine Svcs)		\$5.34	\$5.34								
	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%		\$1.94	\$1.94								
	Nursing Home Provider Fee		\$17.10						17.10			
	<b>Total Quarterly Per Diem Add-On Amounts</b>		\$24.38									
	<b>Quarterly Case Mix Based Per Diem Rate</b>		\$223.20	\$104.37		\$19.83	\$24.87		\$39.24	\$4.83	\$24.20	\$5.86
	<b>Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%</b>	\$154.58										

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

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Provider: <b>Arrowhead Healthcare</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: <b>00143162A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>		<b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.4860</b>				<b>1.3617</b>	
		MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Qtrly BIMS score: <b>66.0%</b>		<b>66.0%</b>	<b>5.5%</b>	Quarterly Medicaid CMI: <b>1.9364</b>				<b>1.4961</b>	
				Nurse Hours per On-Site Day/Quality Incentive: <b>2.36</b>		<b>2.36</b>	<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.9745</b>				<b>1.5223</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	\$5,472,469	\$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	(\$88,358)		(\$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										
9	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		1.9745									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.46									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$169.88	\$100.46	\$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 ((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 = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.53	\$5.53									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Slfng 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	\$26.17	\$8.07	\$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	\$196.05	\$108.53	\$0.00	\$15.58	\$21.29	\$0.00	\$38.69	\$0.89	\$9.35	\$1.72	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$134.21										

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

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide
			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>Provider: Autumn Breeze Health Care Ctr</b> <b>Prvdr ID: 00140159A</b> Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20 Growth Allowance: N/A Qtrly BIMS score: 25.0% Nurse Hours per On-Site Day/Quality Incentive: 3.23 Facility Score: N/A Add-on Percent: 13.37% 1.0% 3.0% Base Period Overall CMI: 1.2569 Quarterly Medicaid CMI: 1.5510 Qtrly Mcaid CMI w RUG Wght Options: 1.5818 1.3617 1.4961 1.5223												
<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	\$5,659,915	\$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 Adjstmnts	(\$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	35,532									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 33,023								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 qtrs of FY12		1.2569								
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 =	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		1.5818								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.35								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.37	\$104.35	\$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 (Sind - 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	\$0.00	\$0.00
21	BIMS Add-on Per Diem =	Ln 19 Col b x CPS Add-on	\$1.04	\$1.04								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng 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	\$22.43	\$4.70	\$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	\$194.80	\$109.05	\$0.00	\$16.93	\$16.69	\$0.00	\$40.41	\$1.88	\$8.84	\$1.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$133.28									

Quarterly Case Mix Per Diem Calculation

Provider: Autumn Lane	<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: 00082992A	Growth Allowance:			N/A	13.37%	Base Period Overall CMI:			1.2897	1.3617
H/B ? : No	Case Mix Per Diem Rate Effective Date:	07/01/20	BIMS:	31.3%	2.5%	Quarterly Medicaid CMI:			1.3512	1.4961
	MDS & Nurse Hrs Data per Quarter Ending:	03/31/20	Nurse Hours per On-Site Day/Quality Incentive:	3.31	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3726	1.5223

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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										
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								\$ 55,587		
	Standard Per Diem (After CMA for Routine Srvcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$37.58	\$0.61
	<u>Allowed @ 95% of Std</u>		\$165.08	\$67.93		\$17.49	\$21.94		\$19.53		\$37.58	\$0.61
	Growth Allowance 13.4%		\$16.97	\$9.08		\$2.34	\$2.93		\$2.61			
	CMA Allowed Per Diem (After Growth Allowance)		\$184.82	\$77.01		\$19.83	\$24.87		\$22.14	\$ 2.77	\$37.58	\$0.61
	Quarterly Facility Case Mix Index for Medicaid Residents			<u>1.3726</u>							(FRV Rate)	
	Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem			\$105.71								
	Quarterly Medicaid CMA Allowed Per Diem		\$213.51	\$105.71		\$19.83	\$24.87		\$22.14	\$2.77	\$37.58	\$0.61
	<b>Quarterly Per Diem Add-On Amounts</b>											
	BIMS Add-on Per Diem = 2.5% of Routine Srvcs)		\$2.64	\$2.64								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$3.17	\$3.17								
	Nursing Home Provider Fee		\$17.10					17.10				
	<b>Total Quarterly Per Diem Add-On Amounts</b>		\$22.91									
	<b>Quarterly Case Mix Based Per Diem Rate</b>		\$236.42	\$111.52		\$19.83	\$24.87		\$39.24	\$2.77	\$37.58	\$0.61
	<b>Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%</b>		\$164.49									

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

FINAL

Provider: <b>Avalon Hlth. &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>00142084A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>		<b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.1537</b>				<b>1.3617</b>	
		MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Qtrly BIMS score: <b>65.3%</b>		<b>65.3%</b>	<b>5.5%</b>	Quarterly Medicaid CMI: <b>1.4532</b>				<b>1.4961</b>	
		Nurse Hours per On-Site Day/Quality Incentive:				<b>3.40</b>	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.4742</b>				<b>1.5223</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)		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	\$4,383,726	\$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 Adjstmts	(\$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	28,784										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 28,835								28,835			
9	Net Per Diems prior to Case Mix Adjstml 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 Case Mix Index for All Residents	from 4 qtrs of FY12		1.1537									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.43									
12	Net Per Diems after Case Mix Adjstml 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 = 13.37%	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 Case Mix Index for Medicaid Residents	per Current Qtr End		1.4742									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.03									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$190.24	\$116.03	\$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 = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.38	\$6.38									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.48	\$3.48									
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	\$28.49	\$10.39	\$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	\$218.73	\$126.42	\$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	\$151.22										

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

FINAL

Provider: <b>Azalea Health &amp; Rehabilitation</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: <b>00141963A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>		<b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.3435</b>				<b>1.3617</b>	
		MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Qtrly BIMS score: <b>37.0%</b>		<b>37.0%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.4913</b>				<b>1.4961</b>	
		Nurse Hours per On-Site Day/Quality Incentive: <b>3.17</b>				<b>3.17</b>	<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.5189</b>				<b>1.5223</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)		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	\$3,162,617	\$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											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 27,793								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		<u>1.3435</u>									
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 = <u>13.37%</u>	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		<u>1.5189</u>									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$87.58									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$161.14	\$87.58	\$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 ((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 = <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 Sflng 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	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$183.71	\$92.05	\$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	\$124.96										

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>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.5985</b>					<b>1.5985</b>	<b>1.3617</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.48</b>		Qltry BIMS score: <b>40.8%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.8783</b>					<b>1.8783</b>	<b>1.4961</b>
					<b>2.0%</b>	Qrtry Mcaid CMI w RUG Wght Options: <b>1.9149</b>					<b>1.9149</b>	<b>1.5223</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)		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	\$4,490,686	\$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	31,831									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 29,099								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		<u>1.5985</u>								
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 = <u>13.37%</u>	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		<u>1.9149</u>								
18	Qrtry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.48								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$171.51	\$103.48	\$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 (Stnd - Aftwd) 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	\$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	\$2.59	\$2.59								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.07	\$2.07								
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	\$22.92	\$5.19	\$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	\$194.43	\$108.67	\$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	\$133.00									

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

FINAL

Provider: <b>Azalea Trace 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>00141886A</b>	Growth Allowance: N/A	N/A	13.37%	Base Period Overall CMI: 1.2980	1.2980	1.3699
Case Mix Per Diem Rate Effective Date: 07/01/20	Qtrly BIMS score: 35.7%	35.7%	2.5%	Quarterly Medicaid CMI: 1.4204	1.4204	1.4961
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20	Nurse Hours per On-Site Day/Quality Incentive: 4.23	4.23	2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4459	1.4459	1.5223

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			
<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	\$6,207,310	\$3,799,856	\$0	\$638,476	\$441,605	\$202,336	\$780,426	\$89,287	\$255,324	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	(\$71,116)	\$0	\$0	\$0	\$0	\$0	(\$71,116)		(\$6,444)	\$6,444
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$6,136,194	\$3,799,856	\$0	\$638,476	\$441,605	\$202,336	\$709,310	\$89,287	\$248,880	\$6,444
8	Total Nursing Facility Days	As Filed Days = 38,837	38,837									
9	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 36,967								36,967		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$158.12	\$97.84	\$0.00	\$16.44	\$16.58	(with L&H)	\$18.26	\$2.42	\$6.41	\$0.17
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.2980								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.38								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$75.38	\$0.00	\$16.44	\$16.58		\$18.26	\$2.42	\$6.41	\$0.17
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	\$138.04	\$73.90	\$0.00	\$16.44	\$16.58		\$18.26	\$2.42	10.27	\$0.17
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Allwnc %	\$16.74	\$9.88	\$0.00	\$2.20	\$2.22	\$0.00	\$2.44	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$154.78	\$83.78	\$0.00	\$18.64	\$18.80	\$0.00	\$20.70	\$2.42	\$10.27	\$0.17
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4459								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.14								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.14	\$121.14	\$0.00	\$18.64	\$18.80	\$0.00	\$20.70	\$2.42	\$10.27	\$0.17
<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)	\$1.00	\$0.00	\$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 Stfng 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	\$23.55	\$5.45	\$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	\$215.69	\$126.59	\$0.00	\$18.86	\$19.21	\$0.00	\$38.17	\$2.42	\$10.27	\$0.17
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$148.94									

Quarterly Case Mix Per Diem Calculation

Provider: Azalealand Nursing Home	<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: 00141237A	Growth Allowance:		N/A	13.37%	Base Period Overall CMI:			1.4999	1.3617
H/B ? : No	Case Mix Per Diem Rate Effective Date: 07/01/20	BIMS:	39.5%	2.5%	Quarterly Medicaid CMI:			1.5208	1.4961
	MDS & Nurse Hrs Data per Quarter Ending: 03/31/20	Nurse Hours per On-Site Day/Quality Incentive:	3.21	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5508	1.5223

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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										
	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
	<u>Allowed @ 95% of Std</u>		\$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			1.5508							(FRV Rate)	
	Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$119.43								
	Quarterly Medicaid CMA Allowed Per Diem		\$206.57	\$119.43		\$19.83	\$24.87		\$22.14	\$1.77	\$17.05	\$1.48
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 2.5% of Routine Svcs)		\$2.99	\$2.99								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$3.58	\$3.58								
	Nursing Home Provider Fee		\$17.10						17.10			
	<b>Total Quarterly Per Diem Add-On Amounts</b>		\$23.67									
	<b>Quarterly Case Mix Based Per Diem Rate</b>		\$230.24	\$126.00		\$19.83	\$24.87		\$39.24	\$1.77	\$17.05	\$1.48
	<b>Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%</b>		\$159.86									

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

FINAL

Provider: <b>Bainbridge Health Care</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: <b>00258915A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.2138</b>					<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>2.48</b>		Qltry BIMS score: <b>44.4%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.8354</b>					<b>1.4961</b>	
					<b>2.0%</b>	Qltry Mcaid CMI w RUG Wght Options: <b>1.8702</b>					<b>1.5223</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	\$3,632,143	\$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 Adjstmts	(\$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	32,126									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 24,797								24,797		
9	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
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.2138</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$42.87								
12	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
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	\$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>												
15	Growth Allowance Percentage = <u>13.37%</u>	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
16	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
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.8702</u>								
18	Qltry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.89								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$147.15	\$90.89	\$0.00	\$13.15	\$16.96	\$0.00	\$16.80	\$1.08	\$7.67	\$0.60
<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 = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.27	\$2.27								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.82	\$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	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$169.87</b>	<b>\$95.51</b>	<b>\$0.00</b>	<b>\$13.37</b>	<b>\$17.37</b>	<b>\$0.00</b>	<b>\$34.27</b>	<b>\$1.08</b>	<b>\$7.67</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>\$114.58</b>									

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

FINAL

Provider: <b>Baptist Village, Inc.</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: <b>00140203A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.1403</b>					<b>1.1403</b>	<b>1.3617</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>4.34</b>		Qtrly BIMS score: <b>24.4%</b>	<b>1.0%</b>	Quarterly Medicaid CMI: <b>1.3708</b>					<b>1.3708</b>	<b>1.4961</b>
					<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.3948</b>					<b>1.3948</b>	<b>1.5223</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	(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 Adjstmts	(\$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 Case Mix Index 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	\$0.42
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$153.91	\$71.51	\$0.00	\$18.41	\$23.09		\$20.00	\$1.33	19.15 (FRV)	\$0.42
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allownc %	\$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	\$171.69	\$81.07	\$0.00	\$20.87	\$26.18	\$0.00	\$22.67	\$1.33	\$19.15	\$0.42
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3948								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.08								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$203.70	\$113.08	\$0.00	\$20.87	\$26.18	\$0.00	\$22.67	\$1.33	\$19.15	\$0.42
<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)	\$0.37	\$0.00	\$0.00	\$0.00	\$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	\$1.13	\$1.13								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.26	\$2.26								
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	\$3.76	\$3.39	\$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	\$207.46	\$116.47	\$0.00	\$20.87	\$26.18	\$0.00	\$23.04	\$1.33	\$19.15	\$0.42
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$155.60									

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

FINAL

Provider: <b>Bayview Nursing Home</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Pvdr ID: <b>00624951A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.3673</b>					<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score: <b>52.2%</b>	<b>5.5%</b>	Quarterly Medicaid CMI: <b>1.5101</b>					<b>1.4961</b>	
				<b>3.98</b>	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.5388</b>					<b>1.5223</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)		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 Adjstmnts	(\$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	20,789									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,900								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		<b>1.3673</b>								
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	\$128.24	\$56.24	\$0.00	\$17.27	\$20.12		\$16.61	\$2.29	13.55	\$2.16
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.37%</u>	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	\$142.98	\$63.76	\$0.00	\$19.58	\$22.81	\$0.00	\$18.83	\$2.29	\$13.55	\$2.16
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.5388</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.11								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.33	\$98.11	\$0.00	\$19.58	\$22.81	\$0.00	\$18.83	\$2.29	\$13.55	\$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 = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.40	\$5.40								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.94	\$2.94								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.97	\$8.87	\$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>\$204.30</b>	<b>\$106.98</b>	<b>\$0.00</b>	<b>\$19.80</b>	<b>\$23.22</b>	<b>\$0.00</b>	<b>\$36.30</b>	<b>\$2.29</b>	<b>\$13.55</b>	<b>\$2.16</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 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>07/01/20</b>	Growth Allowance: <b>N/A</b>	<b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI:			<b>1.4312</b>	<b>1.3699</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>	Nurse Hours per On-Site Day/Quality Incentive: <b>2.71</b>	Qtrly BIMS score: <b>33.3%</b>	<b>33.3%</b>	<b>2.5%</b>	Quarterly Medicaid CMI:			<b>1.6307</b>	<b>1.4961</b>
				<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options:			<b>1.6633</b>	<b>1.5223</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	\$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 Adjstmts	(\$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 Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 34,932 As Filed Days = 34,404	FY13 Audited C/R Days FY 18 GL-PL Ins Rpt Days	34,932						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 Case Mix Index for All Residents	from 4 qtrs of FY10		1.4312								
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 =	Ln 14 x Grwth Allwnc %	\$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 Case Mix Index for Medicaid Residents	per Current Qtr End		1.6633								
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	\$164.61	\$82.92	\$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 ([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 =	Ln 19 Col b x CPS Add-on	\$2.07	\$2.07								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	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	\$22.82	\$5.09	\$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	\$187.43	\$88.01	\$0.00	\$15.57	\$20.70	\$0.00	\$43.70	\$3.89	\$13.68	\$1.88
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$127.75									

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>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>		<b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.3657</b>		<b>1.3657</b>	<b>1.3617</b>		
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.45</b>		Qtrly BIMS score: <b>31.8%</b>		<b>31.8%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.5249</b>		<b>1.5249</b>	<b>1.4961</b>		
				Qtrly Mcaid CMI w RUG Wght Options: <b>1.5497</b>						<b>1.5497</b>	<b>1.5223</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)		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	\$5,378,143	\$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 Adjstmts	(\$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											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed 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		<u>1.3657</u>									
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	\$123.03	\$51.56	\$0.00	\$17.51	\$16.80		\$19.91	\$4.34	11.95 (FRV)	\$0.96	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$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	\$137.17	\$58.45	\$0.00	\$19.85	\$19.05	\$0.00	\$22.57	\$4.34	\$11.95	\$0.96	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.5497</u>									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.58									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$169.30	\$90.58	\$0.00	\$19.85	\$19.05	\$0.00	\$22.57	\$4.34	\$11.95	\$0.96	
<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)	\$1.53	\$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	\$2.26	\$2.26									
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	\$23.61	\$5.51	\$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	\$192.91	\$96.09	\$0.00	\$20.07	\$19.46	\$0.00	\$40.04	\$4.34	\$11.95	\$0.96	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$131.86										

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

FINAL

Provider: <b>Blue Ridge Healthcare of Buchanan</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: <b>00142722A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.2328</b>					<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>2.12</b>		Qtrly BIMS score: <b>26.5%</b>	<b>1.0%</b>	Quarterly Medicaid CMI: <b>1.4021</b>					<b>1.4961</b>	
					<b>1.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.4274</b>					<b>1.5223</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)		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 Adjstmts	(\$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	19,686									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 18,724								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	\$0.89
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Alwnc %	\$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>1.4274</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.41								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$162.58	\$90.41	\$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 ((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 = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.90	\$0.90								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$0.90	\$0.90								
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	\$20.06	\$2.33	\$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	\$182.64	\$92.74	\$0.00	\$16.17	\$18.12	\$0.00	\$40.41	\$4.05	\$10.26	\$0.89
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$124.16									

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

FINAL

Provider: <b>Bolingreen 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>00059485A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.3111</b>					<b>1.3617</b>	<b>1.3617</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.33</b>		Qtrly BIMS score: <b>27.5%</b>	<b>1.0%</b>	Quarterly Medicaid CMI: <b>1.4548</b>					<b>1.4961</b>	<b>1.4961</b>
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.4790</b>					<b>1.5223</b>	<b>1.5223</b>
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	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	42,350									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 40,048								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	\$0.60
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	\$0.60
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage =	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		1.4790								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.75								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$167.70	\$98.75	\$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 - 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 =	Ln 19 Col b x CPS Add-on	\$0.99	\$0.99								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	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	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$190.28	\$103.23	\$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	\$129.89									

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

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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>7/1/2020</b>		Growth Allowance: <b>N/A</b>		<b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.3678</b>		<b>1.3678</b>	<b>1.3617</b>		
		MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Qtrly BIMS score: <b>26.3%</b>		<b>26.3%</b>	<b>1.0%</b>	Quarterly Medicaid CMI: <b>1.3525</b>		<b>1.3525</b>	<b>1.4961</b>		
				Nurse Hours per On-Site Day/Quality Incentive: <b>2.89</b>		<b>2.89</b>	<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.3746</b>		<b>1.3746</b>	<b>1.5223</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 Bed Size Range within Peer Group</i>	(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	\$6,749,521	\$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		<b>1.3678</b>									
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 Allwnc %	\$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		<b>1.3746</b>									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$75.41									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$147.87	\$75.41	\$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 ((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	\$0.00	\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.75	\$0.75									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.51	\$1.51									
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	\$20.52	\$2.79	\$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>\$168.39</b>	<b>\$78.20</b>	<b>\$0.00</b>	<b>\$15.77</b>	<b>\$18.63</b>	<b>\$0.00</b>	<b>\$40.41</b>	<b>\$3.93</b>	<b>\$9.26</b>	<b>\$2.19</b>	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$113.47										

Quarterly Case Mix Per Diem Calculation

Provider: Bostick Nursing Center	<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	Slate-wide
Prvdr ID: 003192286A	Growth Allowance:		N/A	13.37%	Base Period Overall CMI:			Use Stwd	1.3617
H/B ? : No	Case Mix Per Diem Rate Effective Date: 07/01/20	BIMS:	15.0%	0.0%	Quarterly Medicaid CMI:			1.2835	1.4961
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20	Nurse Hours per On-Site Day/Quality Incentive: 4.03		4.03	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3061	1.5223

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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			
	<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>Per Diem Costs and Add-ons</b>											
	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
	<u>Allowed @ 95% of Std</u>		\$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			<u>1.3061</u>							(FRV Rate)	
	Qtrly Routine Svcs Case Mix Adjsd (CMA) Net Per Diem			\$100.59								
	Quarterly Medicaid CMA Allowed Per Diem		\$194.33	\$100.59		\$19.83	\$24.87		\$22.14	\$3.75	\$20.20	\$2.95
	<b>Quarterly Per Diem Add-On Amounts</b>											
	BIMS Add-on Per Diem = 0.0% o Routine Svcs)		\$0.00	\$0.00								
	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%		\$2.01	\$2.01								
	Nursing Home Provider Fee		\$17.10						17.10			
	<b>Total Quarterly Per Diem Add-On Amounts</b>		\$19.11									
	<b>Quarterly Case Mix Based Per Diem Rate</b>		\$213.44	\$102.60		\$19.83	\$24.87		\$39.24	\$3.75	\$20.20	\$2.95
	<b>Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%</b>	\$147.26										

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>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>		<b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.3764</b>				<b>1.3617</b>	
		MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Qtrly BIMS score: <b>33.8%</b>		<b>33.8%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.3875</b>				<b>1.4961</b>	
				Nurse Hours per On-Site Day/Quality Incentive: <b>3.34</b>		<b>3.34</b>	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.4098</b>				<b>1.5223</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> <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)		<b>90.0%</b>	<b>90.0%</b>	<b>90.0%</b>	<b>85.0%</b>		<b>50.0%</b>				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>		<b>105.0%</b>				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		<b>\$0.53</b>	<b>\$0.00</b>	<b>\$0.22</b>	<b>\$0.41</b>		<b>\$0.37</b>				
<b>Base Period Per 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 Adjstmts	(\$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		<b>1.3764</b>									
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 = <b>13.37%</b>	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		<b>1.4098</b>									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.71									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$145.88	\$82.71	\$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 - Alw) 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	\$2.07	\$2.07									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <b>3.0%</b> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$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	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$169.06	\$87.79	\$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	\$113.97										

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

FINAL

Provider: <b>Brian Center of Canton</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: <b>00140643A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>		<b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.3878</b>		<b>1.3878</b>	<b>1.3617</b>		
		MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Qtrly BIMS score: <b>26.8%</b>		<b>26.8%</b>	<b>1.0%</b>	Quarterly Medicaid CMI: <b>1.6132</b>		<b>1.6132</b>	<b>1.4961</b>		
				Nurse Hours per On-Site Day/Quality Incentive: <b>3.46</b>		<b>3.46</b>	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.6419</b>		<b>1.6419</b>	<b>1.5223</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)		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 Adjstmnts	(\$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		<b>1.3878</b>									
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 = <b>13.37%</b>	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		<b>1.6419</b>									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.75									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.19	\$103.75	\$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 ((Std - 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>1.0%</b> (to Routine Svcs)	Ln 19 Col b x C/PS Add-on	\$1.04	\$1.04									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <b>3.0%</b> (to Routine Svcs)	Ln 19 Col b x S/Ing 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>\$196.60</b>	<b>\$108.43</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>\$134.63</b>										

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

FINAL

Provider: <b>Briarwood Health &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>00706813A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>		<b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.6087</b>				<b>1.6087</b>	<b>1.3617</b>
		MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Qtrly BIMS score: <b>40.3%</b>		<b>40.3%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.5721</b>				<b>1.5721</b>	<b>1.4961</b>
				Nurse Hours per On-Site Day/Quality Incentive: <b>3.17</b>		<b>3.17</b>	<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.6005</b>				<b>1.6005</b>	<b>1.5223</b>
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	<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	\$5,597,355	\$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 Adjstmts	(\$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 Growth Allownc %	\$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		1.6005									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.49									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.49	\$109.49	\$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 - 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	\$2.74	\$2.74									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Sflng Add-on	\$2.19	\$2.19									
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	\$23.19	\$5.46	\$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>\$201.68</b>	<b>\$114.95</b>	<b>\$0.00</b>	<b>\$17.67</b>	<b>\$15.06</b>	<b>\$0.00</b>	<b>\$40.41</b>	<b>\$0.13</b>	<b>\$10.91</b>	<b>\$2.55</b>	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$138.44										

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

FINAL

Provider: <b>Brightmoor Health Care, Inc.</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: <b>00140412A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>		<b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.2636</b>			<b>1.2636</b>	<b>1.3617</b>	
		MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Qtrly BIMS score: <b>23.7%</b>		<b>3.92</b>	<b>1.0%</b>	Quarterly Medicaid CMI: <b>1.5652</b>			<b>1.5652</b>	<b>1.4961</b>	
				Nurse Hours per On-Site Day/Quality Incentive: <b>3.92</b>			<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.5950</b>			<b>1.5950</b>	<b>1.5223</b>	
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)		<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	\$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		47,752									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 46,147								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, AIOthr = 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 Alwnc %	\$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>1.5950</u>									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$129.31									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AIOthr = Ln 16	\$220.72	\$129.31	\$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 - Alwjd) 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>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.29	\$1.29									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Slng Add-on	\$3.88	\$3.88									
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	\$22.64	\$5.17	\$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	\$243.36	\$134.48	\$0.00	\$20.87	\$26.18	\$0.00	\$38.94	\$2.05	\$19.00	\$1.84	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$169.70										

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>				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: <b>00059562A</b>				Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.3805				1.4014	
Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>				Qtrly BIMS score: 33.8%	2.5%	Quarterly Medicaid CMI: 1.5172				1.4961	
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>				Nurse Hours per On-Site Day/Quality Incentive: 3.47	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5458				1.5223	

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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 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 Adjstmts	(\$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 Adjstmt 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 Adjstmt 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 Alhwn %	\$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		1.5458								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.59								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$191.52	\$105.59	\$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	\$2.64	\$2.64								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sfng 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	\$24.44	\$6.34	\$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	\$215.96	\$111.93	\$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	\$149.15									

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

FINAL

Provider: <b>Brown's Healthcare</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Pvdr ID: <b>00140434A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>		<b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.4535</b>				<b>1.3617</b>	
		MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Qtrly BIMS score: <b>15.2%</b>		<b>15.2%</b>	<b>0.0%</b>	Quarterly Medicaid CMI: <b>1.5142</b>				<b>1.4961</b>	
				Nurse Hours per On-Site Day/Quality Incentive: <b>2.85</b>		<b>2.85</b>	<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.5418</b>				<b>1.5223</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)		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 Adjstmts	\$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	22,287										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,285								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		1.4535									
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 Allow %	\$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		1.5418									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$68.43									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$134.79	\$68.43	\$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 ([Stnd - 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 = <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 Stfng Add-on	\$1.37	\$1.37									
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	\$19.63	\$1.90	\$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>\$154.42</b>	<b>\$70.33</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>\$102.99</b>										

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

FINAL

Provider: <b>Bryan County Health &amp; Rehab Ctr</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Pvdr ID: <b>00715569A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.3338</b>					<b>1.3617</b>	
		MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Qtrly BIMS score: <b>50.7%</b>	<b>5.5%</b>	Quarterly Medicaid CMI: <b>1.6968</b>					<b>1.4961</b>	
				Nurse Hours per On-Site Day/Quality Incentive: <b>3.77</b>	<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.7304</b>					<b>1.5223</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	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	\$4,768,621	\$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 Adjstmts	(\$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	35,129									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 33,801								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 Allownc %	\$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>1.7304</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.52								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$182.35	\$106.52	\$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 ([(Sind - Awdf] 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	\$5.86	\$5.86								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.13	\$2.13								
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	\$26.40	\$8.52	\$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>\$208.75</b>	<b>\$115.04</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>\$143.74</b>									

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

FINAL

Provider: <b>Bryant Health &amp; Rehab. Ctr, Inc</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: <b>00142601A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>		<b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.1714</b>			<b>1.3617</b>		
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Qtrly BIMS score: <b>31.7%</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>2.68</b>		<b>2.68</b>	<b>3.0%</b>	Quarterly Medicaid CMI: <b>1.5385</b>			<b>1.4961</b>		
								Qtrly Mcaid CMI w RUG Wght Options: <b>1.5671</b>			<b>1.5223</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				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> 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	\$3,112,453	\$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 Adjstml 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 Adjstml 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		1.5671									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.54									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$156.99	\$98.54	\$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 ((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	\$2.46	\$2.46									
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	\$24.05	\$5.95	\$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	\$181.04	\$104.49	\$0.00	\$16.14	\$19.06	\$0.00	\$31.87	\$1.15	\$7.64	\$0.69	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$122.96										

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Budd Terrace At Wesley Woods			Facility Score	Add-on Percent		Facility Specific	State-wide
Pvdr ID: 003167547A		<u>Add-on Data and Percentages</u>	N/A	13.37%		Use Stwd	1.3617
H/B ? : No	Case Mix Per Diem Rate Effective Date: 07/01/20	Growth Allowance:	BIMS: 28.9%	1.0%	<u>Case Mix Index (CMI) Data</u>	1.1926	1.4961
	MDS & Nurse Hrs Data per Quarter Ending: 03/31/20	Nurse Hours per On-Site Day/Quality Incentive:	8.21	2.0%	Base Period Overall CMI:	1.2093	1.5223
					Quarterly Medicaid CMI:		
					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	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			
	<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			
	<i>Per Diem Costs and Add-ons</i>											
	GL-PL- Insurance Costs											
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								\$167,948.00		
	Standard Per Diem (After CMA for Routine Svcs)	FY2018 GL-PL Ins. Rpt								64,705		
	<u>Allowed @ 90% of Std</u>	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$36.35	\$2.40
	Growth Allowance 13.37%		\$158.96	\$64.36		\$16.57	\$20.78		\$18.50		\$36.35	\$2.40
	CMA Allowed Per Diem (After Growth Allowance)		\$16.07	\$8.60		\$2.22	\$2.78		\$2.47			
	Quarterly Facility Case Mix Index for Medicaid Residents		\$155.22	\$72.96		\$18.79	\$23.56		\$20.97	\$ 2.60	13.94	\$2.40
	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			1.2093							(FRV Rate)	
	Quarterly Medicaid CMA Allowed Per Diem			\$88.24		\$18.79	\$23.56		\$20.97	\$2.60	\$13.94	\$2.40
	Quarterly Per Diem Add-On Amounts		\$170.49	\$88.24								
	BIMS Add-on Per Diem = 1.0% to Routine Svcs)		\$0.88	\$0.88								
	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%		\$17.10	\$1.76								
	Nursing Home Provider Fee		\$17.10						17.1			
	Total Quarterly Per Diem Add-On Amounts		\$19.75									
	<b>Quarterly Case Mix Based Per Diem Rate</b>		<b>\$190.24</b>	<b>\$90.88</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%		\$129.86									

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

FINAL

Provider: <b>Calhoun Health 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>00140577A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.3183</b>					<b>1.3183</b>	<b>1.3617</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.27</b>		Qtrly BIMS score: <b>40.9%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.5828</b>					<b>1.5828</b>	<b>1.4961</b>
					<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.6125</b>					<b>1.6125</b>	<b>1.5223</b>
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskprng	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	(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	\$4,448,586	\$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										
8	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 29,375										
9	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
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.3183</u>								
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	\$14.61	\$17.93		\$15.76	\$3.73	\$7.30	\$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	\$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>												
15	Growth Allowance Percentage =	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
16	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
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.6125</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.43								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$154.93	\$88.43	\$0.00	\$16.56	\$20.33	\$0.00	\$17.87	\$3.73	\$7.44	\$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 =	Ln 19 Col b x CPS Add-on	\$2.21	\$2.21								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Slfng 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	\$22.61	\$4.51	\$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	\$177.54	\$92.94	\$0.00	\$16.78	\$20.74	\$0.00	\$35.34	\$3.73	\$7.44	\$0.57
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$120.33									

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

FINAL

Provider: <b>Calhoun 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>00140478A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>		<b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.2873</b>		<b>1.2873</b>	<b>1.3617</b>		
		MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Qtrly BIMS score: <b>50.0%</b>		<b>50.0%</b>	<b>5.5%</b>	Quarterly Medicaid CMI: <b>1.8600</b>		<b>1.8600</b>	<b>1.4961</b>		
				Nurse Hours per On-Site Day/Quality Incentive: <b>4.34</b>		<b>4.34</b>	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.8958</b>		<b>1.8958</b>	<b>1.5223</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	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	\$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 Adjstmnts	(\$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	17,931										
9	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,632								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 =	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		1.8958									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.38									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$200.96	\$108.38	\$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 ((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 =	Ln 19 Col b x CPS Add-on	\$5.96	\$5.96									
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Slfng Add-on	\$3.25	\$3.25									
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	\$27.47	\$9.74	\$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	\$228.43	\$118.12	\$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	\$158.50										

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

FINAL

Provider: <b>Camellia Gardens of Life Care</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: <b>00366341A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.3243</b>					<b>1.3243</b>	<b>1.3617</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.58</b>		Qtrly BIMS score: <b>29.0%</b>	<b>1.0%</b>	Quarterly Medicaid CMI: <b>1.1718</b>					<b>1.1718</b>	<b>1.4961</b>
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.1857</b>					<b>1.1857</b>	<b>1.5223</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)		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	\$3,880,021	\$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 Adjstmts	(\$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									
9	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		1.1857								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$73.90								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$146.74	\$73.90	\$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 ((Std - 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 = 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 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	\$21.22	\$3.49	\$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>\$167.96</b>	<b>\$77.39</b>	<b>\$0.00</b>	<b>\$19.42</b>	<b>\$19.26</b>	<b>\$0.00</b>	<b>\$40.41</b>	<b>\$2.31</b>	<b>\$8.09</b>	<b>\$1.08</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$113.15</b>									

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

FINAL

Provider: <b>Camellia Hlth &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>00140588A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>	Growth Allowance: <b>N/A</b>	Qtrly BIMS score: <b>52.7%</b>	5.5%	13.37%	Base Period Overall CMI: <b>1.3516</b>	1.3617	Quarterly Medicaid CMI: <b>1.5380</b>		1.4951	1.5223	
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.20</b>	3.0%		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 <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	\$3,026,940	\$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 Adjstmnts	(\$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	22,188										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 23,848								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		1.3516									
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	\$0.82	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage =	Ln 14 x Grwth Allwnc %	\$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		1.5656									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.25									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$166.22	\$94.25	\$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 - 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 =	Ln 19 Col b x CPS Add-on	\$5.18	\$5.18									
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Slfng Add-on	\$2.83	\$2.83									
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	\$26.64	\$8.54	\$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	\$192.86	\$102.79	\$0.00	\$17.76	\$20.64	\$0.00	\$38.02	\$4.21	\$8.62	\$0.82	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$131.82										

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

FINAL

Provider: <b>Candler Hospital Sub-Acute Unit</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: <b>00870911A</b>	Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>	Growth Allowance: <b>N/A</b>		<b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>2.3318</b>					<b>1.3617</b>	
	MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>	Qtrly BIMS score: <b>0.0%</b>		<b>0.0%</b>	<b>0.0%</b>	Quarterly Medicaid CMI: <b>1.7090</b>					<b>1.4961</b>	
		Nurse Hours per On-Site Day/Quality Incentive: <b>8.14</b>		<b>8.14</b>	<b>0.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.7430</b>					<b>1.7430</b>	<b>1.5223</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	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 Allwnc %	\$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		1.7430								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$141.31								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$241.60	\$141.31	\$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 (Stnd - Awtj 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 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	\$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	\$258.92	\$141.31	\$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	\$181.37									

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

FINAL

Provider: <b>Canton Nursing Center, Inc.</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: <b>00140511A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>		<b>13.37%</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.3680</b>		<b>1.3680</b>	<b>1.3617</b>		
		MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Qtrly BIMS score: <b>63.3%</b>		<b>5.5%</b>	<b>5.5%</b>	Quarterly Medicaid CMI: <b>1.2158</b>		<b>1.2158</b>	<b>1.4961</b>		
				Nurse Hours per On-Site Day/Quality Incentive: <b>2.82</b>		<b>3.0%</b>	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.2313</b>		<b>1.2313</b>	<b>1.5223</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	\$5,071,886	\$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	33,792										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 30,521								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 =	Ln 14 x Grwth Allownc %	\$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		1.2313									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$76.33									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$160.66	\$76.33	\$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 (Stand - 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	\$0.00	\$0.00	
21	BIMS Add-on Per Diem =	Ln 19 Col b x CPS Add-on	\$4.20	\$4.20									
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Slfng Add-on	\$2.29	\$2.29									
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	\$24.34	\$7.02	\$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	\$185.00	\$83.35	\$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	\$125.93										

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

FINAL

Provider: <b>Carrollton Manor, Inc.</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: <b>00140852A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>		<b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.3067</b>				<b>1.3067</b>	<b>1.3617</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.10</b>		Qtrly BIMS score: <b>36.4%</b>		<b>36.4%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.6539</b>				<b>1.6539</b>	<b>1.4961</b>
				Qtrly Mcaid CMI w RUG Wght Options: <b>1.6832</b>		<b>3.10</b>	<b>2.0%</b>					<b>1.6832</b>	<b>1.5223</b>
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	
<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		1.6832									
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	\$167.02	\$95.74	\$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 (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	\$2.39	\$2.39									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Slfng 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	\$22.93	\$4.83	\$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	\$189.95	\$100.57	\$0.00	\$19.32	\$17.23	\$0.00	\$37.16	\$3.60	\$11.05	\$1.02	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$129.64										



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

FINAL

Provider: <b>Cartersville Heights 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>00143085A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>		<b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.5517</b>		<b>1.5517</b>	<b>1.3617</b>		
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Qtrly BIMS score: <b>29.1%</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.00</b>		<b>2.0%</b>	Quarterly Medicaid CMI: <b>1.5091</b>		<b>1.5091</b>	<b>1.4961</b>			
							Qtrly Mcaid CMI w RUG Wght Options: <b>1.5354</b>		<b>1.5354</b>	<b>1.5223</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	\$5,797,818	\$2,723,918	\$0	\$556,988	\$201,428	\$349,287	\$1,192,274	\$89,044	\$684,879	\$0	
6	Audit Adjustments and Realocations 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		1.5517									
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 = 13.37%	Ln 14 x Grwth Allownc %	\$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		1.5354									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$70.52									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$138.98	\$70.52	\$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 (Stand - 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	\$0.00	\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.71	\$0.71									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (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	\$20.38	\$2.65	\$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	\$159.36	\$73.17	\$0.00	\$15.51	\$15.16	\$0.00	\$40.41	\$2.13	\$12.25	\$0.73	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$106.70										

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

FINAL

Provider: Cedar Springs Health and Rehab Center		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00140544A	Case Mix Per Diem Rate Effective Date: 7/1/2020	Growth Allowance: N/A		22.2%	13.37%	N/A	13.37%	Base Period Overall CMI: 1.5659		1.5659	1.3617		
	MDS & Nurse Hrs Data per Quarter Ending: 03/31/20	Qtrly BIMS score: 3.81		3.81	3.0%	3.81	3.0%	Quarterly Medicaid CMI: 1.7240		1.7240	1.4961		
		Nurse Hours per On-Site Day/Quality Incentive: 3.81		3.81	3.0%	3.81	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.7572		1.7572	1.5223		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$4,111,747	\$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											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed 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		1.5659									
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	\$0.70	
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 = 13.37%	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		1.7572									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.41									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$161.91	\$92.41	\$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 (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	\$0.92	\$0.92									
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	\$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	\$184.23	\$96.63	\$0.00	\$16.33	\$21.70	\$0.00	\$35.05	\$5.65	\$8.17	\$0.70	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$125.35										

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>												
Pvdr ID: <b>00142557A</b>												
	Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>											
	MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>	Nurse Hours per On-Site Day/Quality Incentive: <b>3.30</b>	Growth Allowance: <b>N/A</b>	Qtrly BIMS score: <b>28.4%</b>	Facility Score: <b>3.30</b>	Add-on Percent: <b>13.37%</b>						
							Case Mix Index (CMI) Data					
							Base Period Overall CMI: <b>1.4235</b>	Facility Specific: <b>1.4235</b>	State-wide: <b>1.4014</b>			
							Quarterly Medicaid CMI: <b>1.5187</b>					
							Qtrly Mcaid CMI w RUG Wght Options: <b>1.5441</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	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	\$16,981	\$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	FY14 Audited C/R Days	13,755									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,887	FY 18 GL-PL Ins Rpt Days								28,887		
9	Net Per Diems prior to Case Mix Adjstmt 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 Adjstmt 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 (FRV)	\$1.05
<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		1.5441								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.80								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$169.52	\$96.80	\$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 ((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	\$0.97	\$0.97								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Slfng 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	\$22.13	\$4.40	\$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	\$191.65	\$101.20	\$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	\$130.91									

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

FINAL

Provider: <b>Chaplinwood 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>00059694A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>		<b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.3992</b>				<b>1.3992</b>	<b>1.3617</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.58</b>		Qtrly BIMS score: <b>30.9%</b>		<b>30.9%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.2934</b>				<b>1.2934</b>	<b>1.4961</b>
				Nurse Hours per On-Site Day/Quality Incentive: <b>3.58</b>		<b>3.58</b>	<b>2.0%</b>	Qtrly Meaid CMI w RUG Wght Options: <b>1.3129</b>				<b>1.3129</b>	<b>1.5223</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	\$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 =	Ln 14 x Grwth Allwnc %	\$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		1.3129									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.28									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$161.76	\$86.28	\$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 ((Std - Awdl) 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	\$2.16	\$2.16									
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Slfng 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	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$184.28</b>	<b>\$90.70</b>	<b>\$0.00</b>	<b>\$16.16</b>	<b>\$23.50</b>	<b>\$0.00</b>	<b>\$39.80</b>	<b>\$2.87</b>	<b>\$10.43</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>\$125.39</b>										

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

FINAL

Provider: <b>Chatsworth Health Care Center</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Pvdr ID: <b>00209778A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>		<b>48.2%</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.2919</b>			<b>1.2919</b>	<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.62</b>		Qtrly BIMS score: <b>48.2%</b>		<b>5.5%</b>	<b>2.0%</b>	Quarterly Medicaid CMI: <b>1.8342</b>			<b>1.8342</b>	<b>1.4961</b>	
				Qtrly Mcaid CMI w RUG Wght Options: <b>1.8708</b>							<b>1.8708</b>	<b>1.5223</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	\$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 Adjstmnts	(\$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										
9	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 Allwnc %	\$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		1.8708									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 15 x Ln 17		\$116.98									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$189.53	\$116.98	\$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 - 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 = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.43	\$6.43									
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	\$27.40	\$9.30	\$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	\$216.93	\$126.28	\$0.00	\$17.18	\$21.95	\$0.00	\$38.09	\$3.28	\$8.66	\$1.49	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$149.87										

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

FINAL

Provider: <b>Chatuge Regional 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>00143338A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.2895</b>					<b>1.2895</b>	<b>1.3617</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.61</b>		Qtrly BIMS score: <b>30.2%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.6710</b>					<b>1.6710</b>	<b>1.4961</b>
					<b>2.0%</b>	Qtrly Meaid CMI w RUG Wght Options: <b>1.7032</b>					<b>1.7032</b>	<b>1.5223</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	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	\$6,466,869	\$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		1.2895								
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	\$0.00
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 = 13.37%	Ln 14 x Grwth Allownc %	\$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 Case Mix Index for Medicaid Residents	per Current Qtr End		1.7032								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$129.09								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$215.23	\$129.09	\$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 (Stnd - 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 = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.23	\$3.23								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng 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	\$24.03	\$6.34	\$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	\$239.26	\$135.43	\$0.00	\$31.16	\$26.18	\$0.00	\$34.29	\$2.07	\$10.13	\$0.00
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$166.62									

Quarterly Case Mix Per Diem Calculation

Provider: Chelsey Park H&R	<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: 003165720A	Growth Allowance:				N/A	13.37%	Base Period Overall CMI:				Use Stwd	1.3617
H/B?: No	BIMS:				15.6%	0.0%	Quarterly Medicaid CMI:				1.4759	1.4961
Case Mix Per Diem Rate Effective Date: 07/01/20	Nurse Hours per On-Site Day/Quality Incentive:				3.96	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.5010	1.5223
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20												

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	
<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			
	<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			
	<i>Per Diem Costs and Add-ons</i>											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								\$ 56,831		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								19,081		
	Standard Per Diem (After CMA for Routine Svcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$37.58	\$4.00
	<u>Allowed @ 95% of Std</u>		\$168.47	\$67.93		\$17.49	\$21.94		\$19.53		\$37.58	\$4.00
	Growth Allowance 13.4%		\$16.97	\$9.08		\$2.34	\$2.93		\$2.61			
	CMA Allowed Per Diem (After Growth Allowance)		\$188.42	\$77.01		\$19.83	\$24.87		\$22.14	\$ 2.98	\$37.58	\$4.00
	Quarterly Facility Case Mix Index for Medicaid Residents			<u>1.5010</u>							(FRV Rate)	
	Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$115.60								
	Quarterly Medicaid CMA Allowed Per Diem		\$227.00	\$115.60		\$19.83	\$24.87		\$22.14	\$2.98	\$37.58	\$4.00
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 0.0% of Routine Svcs)		\$0.00	\$0.00								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$3.47	\$3.47								
	Nursing Home Provider Fee		\$17.10						17.10			
	<b>Total Quarterly Per Diem Add-On Amounts</b>		\$20.57									
	<b>Quarterly Case Mix Based Per Diem Rate</b>		\$247.57	\$119.06		\$19.83	\$24.87		\$39.24	\$2.98	\$37.58	\$4.00
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvd Fee) x 75%	\$172.85										

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

FINAL

Provider: <b>Cherry Blossom Health Care</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: <b>00413509A</b>	Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>	Growth Allowance: <b>N/A</b>		<b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.2276</b>					<b>1.2276</b>	<b>1.3617</b>
	MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>	Qltry BIMS score: <b>24.6%</b>		<b>24.6%</b>	<b>1.0%</b>	Quarterly Medicaid CMI: <b>1.7021</b>					<b>1.7021</b>	<b>1.4961</b>
		Nurse Hours per On-Site Day/Quality Incentive: <b>3.77</b>		<b>3.77</b>	<b>3.0%</b>	Qltry Mcaid CMI w RUG Wght Options: <b>1.7339</b>					<b>1.7339</b>	<b>1.5223</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	(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	\$3,545,801	\$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		24,945								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 25,659								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 =	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		1.7339								
18	Qltry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$123.25								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193.04	\$123.25	\$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 (SInd - 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 =	Ln 19 Col b x CPS Add-on	\$1.23	\$1.23								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$3.70	\$3.70								
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	\$23.56	\$5.46	\$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>\$216.60</b>	<b>\$128.71</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>\$149.63</b>									

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

FINAL

Provider: <b>Chestnut Ridge Nursing &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>00228049A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.5075</b>					<b>1.4014</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.30</b>		Qtrly BIMS score: <b>17.0%</b>	<b>0.0%</b>	Quarterly Medicaid CMI: <b>1.5402</b>					<b>1.4961</b>	
					<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.5663</b>					<b>1.5223</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		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	\$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 Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 24,050 As Filed Days = 45,010	24,050							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		<b>1.5075</b>								
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 =	Ln 14 x Grwth Althnc %	\$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		<b>1.5663</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.38								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.68	\$106.38	\$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 ((Stnd - Awdj) 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	\$0.00	\$0.00
21	BIMS Add-on Per Diem =	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Slfng Add-on	\$2.13	\$2.13								
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	\$20.39	\$2.66	\$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	\$193.07	\$109.04	\$0.00	\$15.75	\$15.73	\$0.00	\$44.33	\$0.30	\$7.38	\$0.54
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$131.98									

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

FINAL

Provider: <b>Christian City Convalescent Center, Inc.</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Pvdr ID: <b>00158034A</b>	Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>	MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.4851</b>	Quarterly Medicaid CMI: <b>1.5057</b>		Qtrly Mcaid CMI w RUG Wght Options: <b>1.5339</b>		<b>1.4851</b>	<b>1.3617</b>
			Nurse Hours per On-Site Day/Quality Incentive: <b>3.77</b>	<b>38.4%</b>	<b>2.5%</b>	<b>38.4%</b>	<b>2.5%</b>	<b>3.77</b>	<b>2.0%</b>	<b>1.5057</b>	<b>1.4961</b>	<b>1.5223</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	\$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	\$338,541	\$35,164
8	Total Nursing Facility Days Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 70,236 As Filed 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	\$0.50
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 =	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		1.5339								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.59								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$196.43	\$113.59	\$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 (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	\$0.00	\$0.00
21	BIMS Add-on Per Diem =	Ln 19 Col b x CPS Add-on	\$2.84	\$2.84								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x SInfg Add-on	\$2.27	\$2.27								
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	\$6.27	\$5.64	\$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>\$202.70</b>	<b>\$119.23</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>\$152.03</b>									

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

FINAL

Provider: <b>Chulio Hills 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>00143437A</b>	Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>	Growth Allowance: <b>N/A</b>		<b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.2223</b>					<b>1.2223</b>	<b>1.3617</b>
	MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>	Qtrly BIMS score: <b>32.4%</b>		<b>32.4%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.9076</b>					<b>1.9076</b>	<b>1.4961</b>
		Nurse Hours per On-Site Day/Quality Incentive: <b>4.09</b>		<b>4.09</b>	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.9440</b>					<b>1.9440</b>	<b>1.5223</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	\$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		1.9440								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$126.69								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$195.13	\$126.69	\$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 - 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	\$3.17	\$3.17								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.80	\$3.80								
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	\$25.60	\$7.50	\$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	\$220.73	\$134.19	\$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	\$152.72									

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

FINAL

Provider: <b>Church Home Rehab &amp; Healthcare</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Pvdr ID: <b>00140467A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.2835</b>					<b>1.2835</b>	<b>1.3617</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>4.16</b>		Qtrly BIMS score: <b>38.2%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.3041</b>					<b>1.3041</b>	<b>1.4961</b>
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.3288</b>					<b>1.3288</b>	<b>1.5223</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	\$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 Adjstmts	(\$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									
8	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 =	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		1.3288								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.42								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$180.94	\$92.42	\$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 ((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 =	Ln 19 Col b x CPS Add-on	\$2.31	\$2.31								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	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	\$23.34	\$5.61	\$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	\$204.28	\$98.03	\$0.00	\$17.61	\$20.06	\$0.00	\$40.41	\$0.35	\$27.02	\$0.80
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$140.39									

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

FINAL

Provider: <b>Clinch Health Care</b>			Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State-wide
Prvdr ID: <b>00142106A</b>			31.5%	13.37%	Base Period Overall CMI:	1.3288	1.3617
Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	Qtrly BIMS score: <b>2.5%</b>		Quarterly Medicaid CMI:	1.5442	1.4961
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>2.69</b>		3.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.5724	1.5223

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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)		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			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,938,880	\$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	(\$4,062)	\$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 Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 29,010 As Filed Days = 23,515										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	FY12 Audited C/R Days								23,515		
10	Base Period Facility Case Mix Index for All Residents	Ln 7 / Ln 8 Col a from 4 qtrs of FY12	\$101.32	\$50.35	\$0.00	\$10.92	\$13.86	(with L&H)	\$15.66	\$0.82	\$8.91	\$0.80
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$37.89								
12	Net Per Diems 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		1.5724								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$67.55								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$121.82	\$67.55	\$0.00	\$12.38	\$15.71	\$0.00	\$17.75	\$0.82	\$6.81	\$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)	\$1.53	\$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	\$1.69	\$1.69								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (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	\$22.35	\$4.25	\$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	\$144.17	\$71.80	\$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	\$95.30									
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: Coastal Manor Prvdr ID: 00856028A		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: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		Growth Allowance: N/A Qtrly BIMS score: 35.8%		Nurse Hours per On-Site Day/Quality Incentive: 3.92		2.5%	3.0%	Base Period Overall CMI: 1.3441 Quarterly Medicaid CMI: 1.3982 Qtrly Mcaid CMI w RUG Wght Options: 1.4238				1.3617	1.4961	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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		1.4238										
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.18										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$205.99	\$107.18	\$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 ((Stnd - Alwjd) 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	\$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 = 3.0% (to Routine Svcs)	Ln 19 Col b x Slfng 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	\$23.75	\$6.43	\$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	\$229.74	\$113.61	\$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	\$159.48											

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

FINAL

Provider: <b>Cobblestone Rehab and Healthcare Center</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Pvdr ID: <b>00142711A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>	Growth Allowance: <b>N/A</b>	<b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.4590</b>					<b>1.4590</b>	<b>1.3617</b>
		MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>	Qtrly BIMS score: <b>23.3%</b>	<b>23.3%</b>	<b>1.0%</b>	Quarterly Medicaid CMI: <b>1.4537</b>					<b>1.4537</b>	<b>1.4961</b>
			Nurse Hours per On-Site Day/Quality Incentive: <b>3.38</b>	<b>3.38</b>	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.4777</b>					<b>1.4777</b>	<b>1.5223</b>
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> 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	\$3,715,072	\$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 Adjstmts	(\$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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage =	Ln 14 x Grwth Allwnc %	\$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		1.4777								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$87.86								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$176.51	\$87.86	\$0.00	\$17.35	\$26.18	\$0.00	\$23.31	\$0.31	\$18.26	\$3.24
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem (SInd - Ahdj] 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 =	Ln 19 Col b x CPS Add-on	\$0.88	\$0.88								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Slfng Add-on	\$2.64	\$2.64								
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	\$21.37	\$4.05	\$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	\$197.88	\$91.91	\$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	\$135.59									

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

FINAL

Provider: <b>College Park Health 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>00140654A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.2906</b>					<b>1.2906</b>	<b>1.3617</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>2.91</b>		Qtrly BIMS score: <b>34.3%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.4288</b>					<b>1.4288</b>	<b>1.4961</b>
					<b>1.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.4553</b>					<b>1.4553</b>	<b>1.5223</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	\$5,335,885	\$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	(\$382,911)		(\$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		
9	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
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2906								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.39								
12	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
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	\$118.35	\$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>												
15	Growth Allowance Percentage =	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
16	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
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4553								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.39								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$161.48	\$91.39	\$0.00	\$17.61	\$19.84	\$0.00	\$22.96	\$0.60	\$7.64	\$1.44
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((SInd - Ahd) 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	
21	BIMS Add-on Per Diem =	Ln 19 Col b x CPS Add-on	\$2.28	\$2.28								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Slfng Add-on	\$0.91	\$0.91								
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	\$21.68	\$3.72	\$0.00	\$0.22	\$0.41	\$0.00	\$17.33	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$183.16	\$95.11	\$0.00	\$17.83	\$20.25	\$0.00	\$40.29	\$0.60	\$7.64	\$1.44
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$124.55									

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

FINAL

Provider: <b>Comer 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>00220448A</b>	Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>	Growth Allowance: <b>N/A</b>	Qlry BIMS score: <b>45.4%</b>	13.37%			Base Period Overall CMI: <b>1.2625</b>			1.4014	
	MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>	Nurse Hours per On-Site Day/Quality Incentive: <b>3.40</b>	3.0%				Quarterly Medicaid CMI: <b>1.4709</b>			1.4961	
							Qtrly Mcaid CMI w RUG Wght Options: <b>1.4960</b>			1.5223	

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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 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 Adjstmnts	(\$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 Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 29,059 As Filed Days = 38,270	29,059								38,270	
9	Net Per Diems prior to Case Mix Adjstmt 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 Adjstmt 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		1.4960								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.71								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.74	\$105.71	\$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 - Abwd) 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	\$5.81	\$5.81								
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	\$27.61	\$9.51	\$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	\$205.35	\$115.22	\$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	\$141.19									

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

FINAL

Provider: <b>Comfort Creek NRC of Wadley</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: <b>00141138A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>		<b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.3067</b>				<b>1.3617</b>	
		MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Qtrly BIMS score: <b>35.3%</b>		<b>35.3%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.5749</b>				<b>1.4961</b>	
				Nurse Hours per On-Site Day/Quality Incentive: <b>2.76</b>		<b>2.76</b>	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.6044</b>				<b>1.5223</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	\$3,313,003	\$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											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 32,777								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		<u>1.3067</u>									
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 =	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		<u>1.6044</u>									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$84.26									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$150.63	\$84.26	\$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 - 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 =	Ln 19 Col b x CPS Add-on	\$2.11	\$2.11									
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Sifng 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	\$23.27	\$5.17	\$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	\$173.90	\$89.43	\$0.00	\$16.70	\$22.43	\$0.00	\$32.58	\$2.80	\$8.30	\$1.66	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$117.60										

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

FINAL

Provider: <b>Cordele 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>00059892A</b>	Case Mix Per Diem Rate Effective Date: <b>07/01/20</b>	Growth Allowance: <b>N/A</b>	<b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI:			<b>1.1887</b>	<b>1.3699</b>
	MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>	Qtrly BIMS score: <b>36.5%</b>	<b>36.5%</b>	<b>2.5%</b>	Quarterly Medicaid CMI:			<b>1.7086</b>	<b>1.4961</b>
	Nurse Hours per On-Site Day/Quality Incentive: <b>5.01</b>	Quality Incentive: <b>5.01</b>	<b>5.01</b>	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options:			<b>1.7407</b>	<b>1.5223</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)		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 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 Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 11,808 As Filed Days = 23,836	11,808									
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	FY 18 GL-PL ins Rpt Days								23,836		
10	Base Period Facility Case Mix Index for All Residents	Ln 7 / Ln 8 Col a from 4 qtrs of FY10	\$164.06	\$80.96	\$0.00	\$20.90	\$15.29	(with L&H)	\$26.24	\$3.26	\$16.13	\$1.28
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 per Peer Group Limits		\$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)			\$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 Grwth 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		1.7407								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$134.42								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$213.21	\$134.42	\$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 ((Stnd - Alwrd) 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	\$3.36	\$3.36								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sftng Add-on	\$4.03	\$4.03								
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	\$25.43	\$7.92	\$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	\$238.64	\$142.34	\$0.00	\$21.70	\$17.74	\$0.00	\$43.70	\$3.26	\$8.62	\$1.28
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$166.16									

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

FINAL

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages		Case Mix Index (CMI) Data		Facility Score	Facility Specific	State-wide					
													Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State-wide							
													1.1147	1.3617										
													1.5792	1.4961										
													1.6078	1.5223										
<b>Provider: Countryside Health Center</b> <b>Prvdr ID: 00141666A</b> Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20													Growth Allowance: N/A Qtrly BIMS score: 31.8% Nurse Hours per On-Site Day/Quality Incentive: 2.88		Add-on Percent: 13.37% 2.5% 2.0%	Base Period Overall CMI: 1.1147 Quarterly Medicaid CMI: 1.5792 Qtrly Mcaid CMI w RUG Wght Options: 1.6078	Facility Score: N/A 31.8% 2.88	Add-on Percent: 13.37% 2.5% 2.0%	Case Mix Index (CMI) Data Base Period Overall CMI: 1.1147 Quarterly Medicaid CMI: 1.5792 Qtrly Mcaid CMI w RUG Wght Options: 1.6078	Facility Specific 1.1147 1.5792 1.6078	State-wide 1.3617 1.4961 1.5223			
<b>CASE MIX BASED RATE CALCULATIONS</b>													a	b	c	d	e	f	g	g	h	i		
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	1	2	1	1	1															
	<i>Peer Group Standards &amp; Efficiency Measure Limits</i>			<i>All Facilities</i>	<i>All Facilities</i>	<i>Free Standing</i>	<i>All Facilities</i>	<i>All Facilities</i>	<i>All Facilities</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	\$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 Adjstmts	(\$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	19,464																					
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 19,564									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	\$0.78												
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	\$0.78												
											(FRV)													
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																								
15	Growth Allowance Percentage =	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		1.6078																				
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	\$150.37	\$91.11	\$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 - 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	\$0.00												
21	BIMS Add-on Per Diem =	Ln 19 Col b x CPS Add-on	\$2.28	\$2.28																				
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Sifng 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	\$22.73	\$4.63	\$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	\$173.10	\$95.74	\$0.00	\$16.06	\$20.56	\$0.00	\$31.77	\$2.06	\$6.13	\$0.78												
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$117.00																					

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

FINAL

Provider: <b>Covenant Dove- Macon</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00141523A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.5027</b>				<b>1.4014</b>		
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.38</b>		Qtrly BIMS score: <b>38.2%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.7449</b>				<b>1.4961</b>		
					<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.7767</b>				<b>1.5223</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		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 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 Adjstmts	(\$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									
	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY10		<u>1.5027</u>								
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	\$1.35
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.4%</u>	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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.7767</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$130.50								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$207.21	\$130.50	\$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 ((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	\$3.26	\$3.26								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.61	\$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	\$24.13	\$6.40	\$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	\$231.34	\$136.90	\$0.00	\$16.33	\$23.12	\$0.00	\$44.33	\$0.39	\$8.92	\$1.35
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$160.68									

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

FINAL

Provider: <b>Crestview Nursing Facility</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: <b>00273567A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.1823</b>					<b>1.1823</b>	<b>1.3617</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>2.92</b>		Qtrly BIMS score: <b>31.7%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.0593</b>					<b>1.0593</b>	<b>1.4961</b>
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.0711</b>					<b>1.0711</b>	<b>1.5223</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	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 Adjstmts	(\$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	\$3,189,154	\$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 Case Mix Index 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 Allownc %	\$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 Case Mix Index for Medicaid Residents	per Current Qtr End		1.0711								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 15 x Ln 17		\$86.83								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$163.94	\$86.83	\$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	\$0.00	\$0.00
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.17	\$2.17								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.60	\$2.60								
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	\$4.99	\$4.77	\$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	\$168.93	\$91.60	\$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	\$126.70									

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>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: <b>00274128A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.4206</b>					<b>1.4206</b>	<b>1.3617</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>4.33</b>		Qtrly BIMS score: <b>66.7%</b>	<b>5.5%</b>	Quarterly Medicaid CMI: <b>1.8437</b>					<b>1.8437</b>	<b>1.4961</b>
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.8785</b>					<b>1.8785</b>	<b>1.5223</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	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	\$5,952,644	\$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	34,794									
9	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 25,234								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 Case Mix Index for All Residents	from 4 qtrs of FY12		1.4206								
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 =	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 Case Mix Index for Medicaid Residents	per Current Qtr End		1.8785								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$128.02								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$213.42	\$128.02	\$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 ((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 =	Ln 19 Col b x CPS Add-on	\$7.04	\$7.04								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$3.84	\$3.84								
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	\$28.73	\$11.41	\$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	\$242.15	\$139.43	\$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	\$168.79									

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

FINAL

Provider: <b>Cross View Care 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>00142502A</b>	Growth Allowance: N/A			N/A	13.37%	Base Period Overall CMI:			1.1512	1.3699
Case Mix Per Diem Rate Effective Date: <b>07/01/20</b>	Qtrly BIMS score: 30.4%			30.4%	2.5%	Quarterly Medicaid CMI:			1.4174	1.4951
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>	Nurse Hours per On-Site Day/Quality Incentive: 2.71			2.71	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4413	1.5223

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 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 Adjstmts	\$693	\$0	\$0	\$0	(\$200)	\$0	\$693		(\$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 Adjstmt 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 Adjstmt 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 Allwnc %	\$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		1.4413								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$66.40								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$144.15	\$66.40	\$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 ((Stnd - Atwd) 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	\$1.66	\$1.66								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.33	\$1.33								
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	\$21.21	\$3.52	\$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	\$165.36	\$69.92	\$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	\$111.20									

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

FINAL

Provider: <b>Cumming 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>00140302A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>		<b>13.37%</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.3016</b>				<b>1.3617</b>	<b>1.3617</b>
		MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Qtrly BIMS score: <b>62.8%</b>		<b>5.5%</b>	<b>5.5%</b>	Quarterly Medicaid CMI: <b>1.4198</b>				<b>1.4961</b>	<b>1.4961</b>
				Nurse Hours per On-Site Day/Quality Incentive: <b>4.23</b>		<b>3.0%</b>	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.4444</b>				<b>1.4444</b>	<b>1.5223</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)		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	\$5,274,534	\$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											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed 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 =	Ln 14 x Grwth Allownc %	\$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		1.4444									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.10									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.43	\$117.10	\$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 (Sind - 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 =	Ln 19 Col b x CPS Add-on	\$6.44	\$6.44									
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng 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	\$27.83	\$9.95	\$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	\$220.26	\$127.05	\$0.00	\$20.87	\$25.12	\$0.00	\$34.94	\$1.48	\$9.85	\$0.95	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$152.37										

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>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvd ID: <b>000815493B</b>	Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>			Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.3112</b>					<b>1.3617</b>	
	MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>			Qtrly BIMS score: <b>41.4%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.4501</b>					<b>1.4961</b>	
				Nurse Hours per On-Site Day/Quality Incentive: <b>4.49</b>	<b>0.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.4717</b>					<b>1.5223</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	\$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										
	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				1.4717						
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.31								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$216.91	\$119.31	\$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 ((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 =	Ln 19 Col b x CPS Add-on	\$2.98	\$2.98								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	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	\$20.30	\$2.98	\$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	\$237.21	\$122.29	\$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	\$165.08									

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

FINAL

Provider: <b>Dade 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>00142865A</b>	Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>	Growth Allowance: <b>N/A</b>		<b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.2764</b>					<b>1.2764</b>	<b>1.3617</b>
	MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>	Qtrly BIMS score: <b>40.0%</b>		<b>40.0%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.5961</b>					<b>1.5961</b>	<b>1.4961</b>
		Nurse Hours per On-Site Day/Quality Incentive: <b>4.52</b>		<b>4.52</b>	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.6264</b>					<b>1.6264</b>	<b>1.5223</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	\$3,109,776	\$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										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,687								21,687		
9	Net Per Diems prior to Case Mix Adjstmt 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 Adjstmt 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 =	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		1.6264								
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	\$183.22	\$108.04	\$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 (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 =	Ln 19 Col b x CPS Add-on	\$2.70	\$2.70								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	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	\$24.57	\$6.47	\$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	\$207.79	\$114.51	\$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	\$143.02									

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

FINAL

Provider: <b>Dawson 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>00140808A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.2140</b>					<b>1.2140</b>	<b>1.3617</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.28</b>		Qtrly BIMS score: <b>32.7%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.4706</b>					<b>1.4706</b>	<b>1.4961</b>
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.4947</b>					<b>1.4947</b>	<b>1.5223</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	\$3,350,365	\$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 Adjstmts	(\$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	25,645									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 24,096								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		1.2140								
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 =	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		1.4947								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.90								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$161.80	\$95.90	\$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 - 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 =	Ln 19 Col b x CPS Add-on	\$2.40	\$2.40								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	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	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$185.71	\$101.71	\$0.00	\$17.21	\$19.29	\$0.00	\$35.48	\$3.07	\$8.22	\$0.73
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$126.46									

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

FINAL

Provider: Decatur Health and Rehab Ctr		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: 00059452A		Growth Allowance: N/A		N/A	13.37%	Base Period Overall CMI: 1.7909					1.7909	1.3617
Case Mix Per Diem Rate Effective Date: 7/1/2020		Qtrly BIMS score: 34.7%		34.7%	2.5%	Quarterly Medicaid CMI: 1.7682					1.7682	1.4961
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		Nurse Hours per On-Site Day/Quality Incentive: 3.76		3.76	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.8022					1.8022	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$3,960,862	\$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		1.7909								
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		1.8022								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.65								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.60	\$102.65	\$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 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	\$23.91	\$6.18	\$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	\$202.51	\$108.83	\$0.00	\$20.68	\$17.73	\$0.00	\$40.41	\$0.11	\$13.20	\$1.55
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$139.06									

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

FINAL

Provider: <b>Delmar Gardens of Gwinnett, Inc.</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: <b>00395161A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.2576</b>					<b>1.2576</b>	<b>1.3617</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.43</b>		Qtrly BIMS score: <b>21.6%</b>	<b>1.0%</b>	Quarterly Medicaid CMI: <b>1.1036</b>					<b>1.1036</b>	<b>1.4961</b>
					<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.1153</b>					<b>1.1153</b>	<b>1.5223</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	\$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 Adjstmnts	(\$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		23,172								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,614								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 Case Mix Index 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 =	Ln 14 x Grwth Allownc %	\$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 Case Mix Index for Medicaid Residents	per Current Qtr End		1.1153								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$85.89								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$167.95	\$85.89	\$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 - Awd) 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 =	Ln 19 Col b x CPS Add-on	\$0.86	\$0.86								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	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	\$20.21	\$3.11	\$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>\$188.16</b>	<b>\$89.00</b>	<b>\$0.00</b>	<b>\$20.87</b>	<b>\$26.18</b>	<b>\$0.00</b>	<b>\$40.41</b>	<b>\$1.38</b>	<b>\$9.39</b>	<b>\$0.93</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$128.30</b>									

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

FINAL

Provider: <b>Delmar Gardens of Smyrna</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: <b>00296271A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.2475</b>					<b>1.2475</b>	<b>1.3617</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.46</b>		Qtrly BIMS score: <b>33.8%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.3264</b>					<b>1.3264</b>	<b>1.4961</b>
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.3448</b>					<b>1.3448</b>	<b>1.5223</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	\$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	41,854									
8	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 38,265								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		1.2475								
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	\$0.99
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage =	Ln 14 x Grwth Allownc %	\$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		1.3448								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.68								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$171.26	\$95.68	\$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 (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 =	Ln 19 Col b x CPS Add-on	\$2.39	\$2.39								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Sifng 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	\$23.89	\$5.79	\$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	\$195.15	\$101.47	\$0.00	\$19.14	\$23.48	\$0.00	\$38.48	\$1.43	\$10.16	\$0.99
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$133.54									

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

FINAL

Provider: <b>Douglasville Nursing and Rehab Ctr.</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: <b>00141083A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.5626</b>					<b>1.5626</b>	<b>1.3617</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.60</b>		Qtrly BIMS score: <b>20.4%</b>	<b>1.0%</b>	Quarterly Medicaid CMI: <b>1.4523</b>					<b>1.4523</b>	<b>1.4961</b>
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.4758</b>					<b>1.4758</b>	<b>1.5223</b>
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskng	Plant Operatns & Maint	Admin 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	\$12,053,143	\$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 Adjstmts	(\$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									
	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	\$97.81	\$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>1.4758</u>								
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	\$162.83	\$94.01	\$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	\$0.94	\$0.94								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$2.82	\$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	\$22.39	\$4.29	\$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	\$185.22	\$98.30	\$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	\$126.09									

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

FINAL

Provider: <b>Dublinair Health &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>00059947A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>	Growth Allowance: <b>N/A</b>	<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>03/31/20</b>		Qtrly BIMS score: <b>28.7%</b>	Qtrly BIMS score: <b>28.7%</b>	<b>28.7%</b>	<b>1.0%</b>	Quarterly Medicaid CMI:					<b>1.4932</b>	<b>1.4961</b>
		Nurse Hours per On-Site Day/Quality Incentive: <b>2.80</b>	Nurse Hours per On-Site Day/Quality Incentive: <b>2.80</b>	<b>2.80</b>	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options:					<b>1.5182</b>	<b>1.5223</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	(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	\$5,803,623	\$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 Adjstmnts	(\$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										
8	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 44,985								44,985		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Cot 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>1.5182</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.73								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$156.13	\$93.73	\$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 (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 = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.94	\$0.94								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$2.81	\$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	\$22.38	\$4.28	\$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>\$178.51</b>	<b>\$98.01</b>	<b>\$0.00</b>	<b>\$18.17</b>	<b>\$18.57</b>	<b>\$0.00</b>	<b>\$30.54</b>	<b>\$4.25</b>	<b>\$7.99</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>\$121.06</b>									

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

FINAL

Provider: <b>Dunwoody Health and Rehab Ctr</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: <b>00815295A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.6363</b>					<b>1.3617</b>	<b>1.3617</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.41</b>		Qtrly BIMS score: <b>23.3%</b>	<b>1.0%</b>	Quarterly Medicaid CMI: <b>1.7445</b>					<b>1.4961</b>	<b>1.4961</b>
					<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.7762</b>					<b>1.7762</b>	<b>1.5223</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	\$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 Adjstms	(\$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	73,805									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 71,443								71,443		
9	Net Per Diems prior to Case Mix Adjstml 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 Adjstml 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 =	Ln 14 x Grwth Allownc %	\$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		1.7762								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$142.15								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$224.15	\$142.15	\$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 (Std - 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	\$0.00	\$0.00
21	BIMS Add-on Per Diem =	Ln 19 Col b x CPS Add-on	\$1.42	\$1.42								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Slfng 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	\$22.52	\$4.79	\$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	\$246.67	\$146.94	\$0.00	\$19.87	\$18.91	\$0.00	\$40.41	\$0.08	\$17.68	\$2.78
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$172.18									

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

FINAL

Provider: <b>Eagle Health</b> Prvdr ID: <b>00143151A</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>7/1/2020</b>		Growth Allowance: <b>N/A</b>		N/A		13.37%	Base Period Overall CMI: <b>1.3784</b>				1.3617		
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Qtrly BIMS score: <b>42.6%</b>		2.5%		3.0%	Quarterly Medicaid CMI: <b>1.5189</b>				1.4961		
		Nurse Hours per On-Site Day/Quality Incentive: <b>3.47</b>		3.0%			Qtrly Mcaid CMI w RUG Wght Options: <b>1.5460</b>				1.5223		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$3,453,079	\$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 Adjstmts	(\$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											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 27,726								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	\$4.14	\$6.96	\$1.33	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<b>1.3784</b>									
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	\$1.33	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Growth Allownc %	\$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		<b>1.5460</b>									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.47									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$196.49	\$117.47	\$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 (Stnd - 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 = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.94	\$2.94									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.52	\$3.52									
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	\$24.72	\$6.99	\$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>\$221.21</b>	<b>\$124.46</b>	<b>\$0.00</b>	<b>\$18.12</b>	<b>\$23.37</b>	<b>\$0.00</b>	<b>\$40.41</b>	<b>\$4.14</b>	<b>\$9.38</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>\$153.08</b>										

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

FINAL

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	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	\$5,864,202	\$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 Adjstrmts	\$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									
	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		1.2350								
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 = 13.37%	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		1.0872								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$75.86								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$154.22	\$75.86	\$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 ((Std - Actd) 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 = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.76	\$0.76								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.28	\$2.28								
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	\$20.89	\$3.57	\$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	\$175.11	\$79.43	\$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	\$118.51									

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

FINAL

Provider: <b>East Lake Arbor</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Pvdr ID: <b>00140137A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.2163</b>				<b>1.3617</b>	<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.90</b>		Qtrly BIMS score: <b>50.0%</b>	<b>5.5%</b>	Quarterly Medicaid CMI: <b>1.7997</b>				<b>1.4961</b>	<b>1.4961</b>	
					<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.8354</b>				<b>1.8354</b>	<b>1.5223</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	\$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 Adjstmts	(\$171,960)	\$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	(withr 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		<u>1.2163</u>								
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 = <u>13.37%</u>	Ln 14 x Grwth Allow %	\$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		<u>1.8354</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$126.28								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$199.34	\$126.28	\$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 ((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 = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.95	\$6.95								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.53	\$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	\$28.11	\$10.01	\$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	\$227.45	\$136.29	\$0.00	\$18.74	\$21.45	\$0.00	\$35.80	\$3.96	\$9.61	\$1.60
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$157.76									

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

FINAL

Provider: <b>Eastman Healthcare</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>00141974A</b>	Case Mix Per Diem Rate Effective Date: <b>07/01/20</b>		Growth Allowance: <b>N/A</b>		<b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI:			<b>1.1568</b>	<b>1.3699</b>
	MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Qtrly BIMS score: <b>21.5%</b>		<b>21.5%</b>	<b>1.0%</b>	Quarterly Medicaid CMI:			<b>1.3121</b>	<b>1.4961</b>
	Nurse Hours per On-Site Day/Quality Incentive:		<b>2.70</b>		<b>2.70</b>	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options:			<b>1.3364</b>	<b>1.5223</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)		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 FY13 C/R	\$4,003,070	\$1,828,756	\$0	\$522,255	\$219,608	\$263,433	\$572,820	\$33,237	\$562,961	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	(\$58,783)	\$287	\$0	\$0	\$0	\$0	(\$54,036)		(\$21,752)	\$16,718
7	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
8	Total Nursing Facility Days As Filed Days = 31,945	FY13 Audited C/R Days	31,945									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,353	FY 18 GL-PL Ins Rpt Days								32,353		
9	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
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		<u>1.1568</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.50								
12	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
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	\$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>												
15	Growth Allowance Percentage = <u>13.4%</u>	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
16	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
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.3364</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$75.00								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$138.48	\$75.00	\$0.00	\$18.54	\$17.14	\$0.00	\$18.41	\$1.03	\$7.84	\$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 = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.75	\$0.75								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$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	\$21.63	\$3.53	\$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	\$160.11	\$78.53	\$0.00	\$18.76	\$17.55	\$0.00	\$35.88	\$1.03	\$7.84	\$0.52
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$107.26									

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

FINAL

Provider: <b>Eastview 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>00140885A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>	Growth Allowance: <b>N/A</b>	<b>56.1%</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.4001</b>					<b>1.4001</b>	<b>1.3617</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Qtrly BIMS score: <b>56.1%</b>	Nurse Hours per On-Site Day/Quality Incentive: <b>2.89</b>	<b>5.5%</b>	<b>3.0%</b>	Quarterly Medicaid CMI: <b>1.6879</b>					<b>1.6879</b>	<b>1.4961</b>
						Qtrly Mcaid CMI w RUG Wght Options: <b>1.7203</b>					<b>1.7203</b>	<b>1.5223</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	\$3,423,853	\$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									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,662	FY 18 GL-PL Ins Rpt Days								25,662		
9	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
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4001								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$43.56								
12	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
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	\$103.44	\$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>												
15	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
16	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
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7203								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$84.95								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$151.27	\$84.95	\$0.00	\$14.28	\$21.05	\$0.00	\$19.32	\$2.96	\$7.78	\$0.93
<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 = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.67	\$4.67								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.55	\$2.55								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.85	\$7.75	\$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	\$177.12	\$92.70	\$0.00	\$14.50	\$21.46	\$0.00	\$36.79	\$2.96	\$7.78	\$0.93
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$120.02									

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

FINAL

Provider: <b>Eatonon 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>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.3434</b>				<b>1.3434</b>	<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.07</b>		Qtrly BIMS score: <b>36.8%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.5221</b>				<b>1.5221</b>	<b>1.4961</b>	
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.5482</b>				<b>1.5482</b>	<b>1.5223</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)		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 Adjstmts	(\$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										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 28,030										
9	Net Per Diems prior to Case Mix Adjstmt 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 Adjstmt 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 =	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		1.5482								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.57								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$173.89	\$103.57	\$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 ((Sind - 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 =	Ln 19 Col b x CPS Add-on	\$2.59	\$2.59								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	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	\$24.33	\$6.23	\$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	\$198.22	\$109.80	\$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	\$135.84									

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

FINAL

Provider: Effingham Extended Care Facility		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvd ID: 00140907A		Case Mix Per Diem Rate Effective Date: 7/1/2020		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.2538					1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		Nurse Hours per On-Site Day/Quality Incentive: 4.91		Qtrly BIMS score: 31.4%	2.5%	Quarterly Medicaid CMI: 1.2239					1.4961	
					3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.2422					1.5223	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$8,499,706	\$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 Adjstmnts	(\$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									
	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 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	\$177.58	\$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		1.2422								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.71								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$197.22	\$100.71	\$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 ((Std - 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	\$0.00	\$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	\$22.64	\$5.54	\$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	\$219.86	\$106.25	\$0.00	\$33.05	\$26.18	\$0.00	\$40.41	\$2.93	\$10.34	\$0.70
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$152.07									

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

FINAL

Provider: Emanuel Medical Center Nursing Home		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: 00140929A		Case Mix Per Diem Rate Effective Date: 7/1/2020		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.1993					1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score: 34.9%	2.5%	Quarterly Medicaid CMI: 1.2548					1.4961	
				4.38	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.2747					1.5223	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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	17,530									
8	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 17,600								17,600		
9	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
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1993								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.52								
12	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
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	\$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>												
15	Growth Allowance Percentage =	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	\$177.02	\$81.07	\$0.00	\$33.05	\$26.18	\$0.00	\$23.31	\$0.40	\$12.49	\$0.52
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2747								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.34								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$199.29	\$103.34	\$0.00	\$33.05	\$26.18	\$0.00	\$23.31	\$0.40	\$12.49	\$0.52
<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)	\$0.00	\$0.00	\$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	\$2.58	\$2.58								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	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	\$22.78	\$5.68	\$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	\$222.07	\$109.02	\$0.00	\$33.05	\$26.18	\$0.00	\$40.41	\$0.40	\$12.49	\$0.52
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$153.73									

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

FINAL

Provider: <b>Etowah Landing 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>00142766A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>		<b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.3514</b>				<b>1.3617</b>	<b>1.3617</b>
		MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Qtrly BIMS score: <b>31.0%</b>		<b>31.0%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.5121</b>				<b>1.4961</b>	<b>1.4961</b>
		Nurse Hours per On-Site Day/Quality Incentive:				<b>2.95</b>	<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.5396</b>				<b>1.5223</b>	<b>1.5223</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	\$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 Adjstmnts	(\$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	32,939										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 24,674								24,674			
9	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&F)	\$26.10	\$1.60	\$12.25	\$0.83	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3514									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.88									
12	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	
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	\$106.65	\$46.88	\$0.00	\$12.71	\$16.07		\$20.56	\$1.60	8.00	\$0.83	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage =	Ln 14 x Grwth Allownc %	\$12.87	\$6.27	\$0.00	\$1.70	\$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	\$119.52	\$53.15	\$0.00	\$14.41	\$18.22	\$0.00	\$23.31	\$1.60	\$8.00	\$0.83	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5396									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$81.83									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$148.20	\$81.83	\$0.00	\$14.41	\$18.22	\$0.00	\$23.31	\$1.60	\$8.00	\$0.83	
<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 =	Ln 19 Col b x CPS Add-on	\$2.05	\$2.05									
22	Nurse Staff Hrs / Quality Add-on Per Diem =	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	\$21.95	\$4.22	\$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	\$170.15	\$86.05	\$0.00	\$14.63	\$18.63	\$0.00	\$40.41	\$1.60	\$8.00	\$0.83	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$114.79										

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	#N/A	\$2,247,569	\$0	\$452,219	\$389,276	\$212,958	\$705,784	#N/A	\$531,055	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$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	#N/A	\$2,245,505	\$0	\$443,541	\$391,351	\$207,126	\$663,162	#N/A	\$507,935	\$25,815
8	Total Nursing Facility Days As Filed Days = 32,208	FY12 Audited C/R Days	32,208									
9	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	\$140.69	\$69.72	\$0.00	\$13.77	\$18.58	(with L&H)	\$20.59	\$1.46	\$15.77	\$0.80
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4147								
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 = 13.37%	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 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		\$87.81								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$156.90	\$87.81	\$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 - 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 = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.83	\$4.83								
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	\$25.72	\$7.99	\$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>\$182.62</b>	<b>\$95.80</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>\$124.14</b>									

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

FINAL

Provider: <b>Evergreen Health 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>835154999A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>	Growth Allowance: <b>N/A</b>	<b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.4147</b>					<b>1.4147</b>	<b>1.3617</b>
		MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>	Qtrly BIMS score: <b>85.9%</b>	<b>85.9%</b>	<b>5.5%</b>	Quarterly Medicaid CMI: <b>1.5451</b>					<b>1.5451</b>	<b>1.4961</b>
			Nurse Hours per On-Site Day/Quality Incentive: <b>3.50</b>	<b>3.50</b>	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.5717</b>					<b>1.5717</b>	<b>1.5223</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	#N/A	\$2,247,569	\$0	\$452,219	\$389,276	\$212,958	\$705,784	#N/A	\$531,055	\$0
6	Audit Adjustments and Realocations 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	#N/A	\$2,245,505	\$0	\$443,541	\$391,351	\$207,126	\$663,162	#N/A	\$507,935	\$25,815
8	Total Nursing Facility Days	As Filed Days = 32,208		32,208								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = #N/A								#N/A		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$140.69	\$69.72	\$0.00	\$13.77	\$18.58	(with L&H)	\$20.59	\$1.46	\$15.77	\$0.80
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4147								
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 =	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 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		\$87.81								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$156.90	\$87.81	\$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 (Stnd - 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	\$4.83	\$4.83								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Slfng 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	\$25.72	\$7.99	\$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>\$182.62</b>	<b>\$95.80</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>\$124.14</b>									

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

FINAL

Provider: Fairburn Health Care Center		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: 00173071A		Case Mix Per Diem Rate Effective Date: 7/1/2020		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.2420					1.3617	
		MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		Qtrly BIMS score: 28.9%	1.0%	Quarterly Medicaid CMI: 1.6053					1.4961	
				Nurse Hours per On-Site Day/Quality Incentive: 3.12	2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6341					1.5223	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$4,376,038	\$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 Adjstmts	(\$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	FY12 Audited C/R Days	34,518									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,265	FY 18 GL-PL Ins Rpt Days								34,265		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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 Allwnc %	\$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		1.6341								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.75								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$165.12	\$98.75	\$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 ((Std - 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 = 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 = 2.0% (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	\$21.60	\$3.50	\$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	\$186.72	\$102.25	\$0.00	\$14.44	\$19.58	\$0.00	\$35.95	\$3.82	\$8.68	\$2.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$127.22									

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

FINAL

Provider: <b>Fifth Avenue Health Care</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvd ID: <b>00140984A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.3973</b>					<b>1.3973</b>	<b>1.3617</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>4.72</b>		Qtrly BIMS score: <b>39.7%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.6668</b>					<b>1.6668</b>	<b>1.4961</b>
					<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.6969</b>					<b>1.6969</b>	<b>1.5223</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	\$5,048,574	\$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		1.6969								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.48								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.70	\$105.48	\$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	\$2.64	\$2.64								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.11	\$2.11								
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	\$23.38	\$5.28	\$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	\$198.08	\$110.76	\$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	\$135.74									

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

FINAL

Provider: Florence Hand Home Prvd ID: 00207083A		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: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		Growth Allowance: N/A Qtrly BIMS score: 36.5%		Nurse Hours per On-Site Day/Quality Incentive: 3.92		13.37%	2.5%	Base Period Overall CMI: 1.1859 Quarterly Medicaid CMI: 1.1800 Qtrly Mcaid CMI w RUG Wght Options: 1.1949				1.3617	1.4961	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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 Case Mix Index for All Residents	from 4 qtrs of FY12		1.1859										
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 = 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	\$179.76	\$81.07	\$0.00	\$33.05	\$26.18	\$0.00	\$23.31	\$1.42	\$14.08	\$0.65		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1949										
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.87										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$195.56	\$96.87	\$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 ((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	\$0.00	\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.42	\$2.42										
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng 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	\$22.43	\$5.33	\$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	\$217.99	\$102.20	\$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	\$150.67											

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

FINAL

Provider: <b>Folkston Park Care and Rehab</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Pvdr ID: <b>00141006A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>		<b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.3444</b>				<b>1.3617</b>	
		MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Qtrly BIMS score: <b>46.5%</b>		<b>46.5%</b>	<b>5.5%</b>	Quarterly Medicaid CMI: <b>1.4655</b>				<b>1.4961</b>	
				Nurse Hours per On-Site Day/Quality Incentive: <b>2.96</b>		<b>2.96</b>	<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.4905</b>				<b>1.5223</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)		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	\$3,950,013	\$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 = 28,686 FY12 Audited C/R Days	28,699										
9	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		1.3444									
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 =	Ln 14 x Growth 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		1.4905									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$79.40									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$141.60	\$79.40	\$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 ((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 =	Ln 19 Col b x CPS Add-on	\$4.37	\$4.37									
22	Nurse Staff Hrs / Quality Add-on Per Diem =	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	\$24.59	\$6.49	\$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	\$166.19	\$85.89	\$0.00	\$15.85	\$15.78	\$0.00	\$39.04	\$0.64	\$8.29	\$0.70	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$111.82										

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

FINAL

Provider: <b>Fort Gaines Healthcare, LLC</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: <b>00140599A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.4652</b>					<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>2.73</b>		Qtrly BIMS score: <b>40.0%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.7979</b>					<b>1.4961</b>	
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.8318</b>					<b>1.5223</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	\$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)		(\$65,688)	\$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 Allwnc %	\$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		1.8318								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$79.02								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$158.68	\$79.02	\$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 (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 = 3.0% (to Routine Svcs)	Ln 19 Col b x Slfng 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	\$22.98	\$4.88	\$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	\$181.66	\$83.90	\$0.00	\$16.31	\$19.71	\$0.00	\$40.03	\$0.91	\$18.99	\$1.81
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$123.42									

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

FINAL

Provider: <b>Fort Valley Nursing Ctr.</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: <b>00141028A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.5800</b>					<b>1.5800</b>	<b>1.3617</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>2.67</b>		Qtrly BIMS score: <b>47.3%</b>	<b>5.5%</b>	Quarterly Medicaid CMI: <b>1.8571</b>					<b>1.8571</b>	<b>1.4961</b>
					<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.8940</b>					<b>1.8940</b>	<b>1.5223</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	\$3,307,173	\$1,561,186	\$0	\$319,664	\$185,942	\$191,225	\$538,287	\$21,740	\$489,129	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$180,708)	(\$115,773)	\$0	\$1,927	\$140	\$4,328	(\$31,738)		(\$70,637)	\$31,045
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,126,465	\$1,445,413	\$0	\$321,591	\$186,082	\$195,553	\$506,549	\$21,740	\$418,492	\$31,045
8	Total Nursing Facility Days	As Filed Days = 25,374 FY12 Audited C/R Days	25,374									
8	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 23,497 FY 18 GL-PL Ins Rpt Days								23,497		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$123.27	\$56.96	\$0.00	\$12.67	\$15.04	(with L&H)	\$19.96	\$0.93	\$16.49	\$1.22
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5800								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$36.05								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$36.05	\$0.00	\$12.67	\$15.04		\$19.96	\$0.93	\$16.49	\$1.22
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	\$93.94	\$36.05	\$0.00	\$12.67	\$15.04		\$19.96	\$0.93	8.07 (FRV)	\$1.22
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage =	Ln 14 x Grwth Allwnc %	\$11.19	\$4.82	\$0.00	\$1.69	\$2.01	\$0.00	\$2.67	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$105.13	\$40.87	\$0.00	\$14.36	\$17.05	\$0.00	\$22.63	\$0.93	\$8.07	\$1.22
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8940								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$77.41								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$141.67	\$77.41	\$0.00	\$14.36	\$17.05	\$0.00	\$22.63	\$0.93	\$8.07	\$1.22
<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)	\$1.53	\$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	\$4.26	\$4.26								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Sifng Add-on	\$1.55	\$1.55								
23	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	\$6.34	\$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	\$166.11	\$83.75	\$0.00	\$14.58	\$17.46	\$0.00	\$40.10	\$0.93	\$8.07	\$1.22
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$111.76									

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

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Provider: <b>Four County Health 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>00405292A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.4294</b>					<b>1.4294</b>	<b>1.3617</b>
		MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Qtrly BIMS score: <b>31.3%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.5009</b>					<b>1.5009</b>	<b>1.4961</b>
				Nurse Hours per On-Site Day/Quality Incentive: <b>3.14</b>	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.5260</b>					<b>1.5260</b>	<b>1.5223</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	\$3,426,946	\$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		1.5260								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$79.79								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$147.61	\$79.79	\$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 (IStd - 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	\$1.99	\$1.99								
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	\$23.01	\$4.91	\$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	\$170.62	\$84.70	\$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	\$115.14									

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>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.5814</b>					<b>1.5814</b>	<b>1.3617</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>2.60</b>		Qtrly BIMS score: <b>47.7%</b>	<b>5.5%</b>	Quarterly Medicaid CMI: <b>1.5899</b>					<b>1.5899</b>	<b>1.4961</b>
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.6183</b>					<b>1.6183</b>	<b>1.5223</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	\$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	36,724									
9	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 35,957								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 =	Ln 14 x Grwth Allwnc %	\$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		1.6183								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$80.93								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$155.06	\$80.93	\$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 ((SInd - Awdj) 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	\$0.00	\$0.00
21	BIMS Add-on Per Diem =	Ln 19 Col b x CPS Add-on	\$4.45	\$4.45								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	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	\$25.14	\$7.41	\$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	\$180.20	\$88.34	\$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	\$122.33									

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>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.2454</b>					<b>1.2454</b>	<b>1.3617</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.80</b>		Qtrly BIMS score: <b>41.2%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.6816</b>					<b>1.6816</b>	<b>1.4961</b>
					<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.7132</b>					<b>1.7132</b>	<b>1.5223</b>
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 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	28,995									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 28,896								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 =	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		1.7132								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.79								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$180.99	\$108.79	\$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 - Atwdj 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	\$2.72	\$2.72								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Sifng Add-on	\$2.18	\$2.18								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.53	\$5.43	\$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	\$204.52	\$114.22	\$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	\$140.57									

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

FINAL

Provider: Gateway Health and Rehab Center		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvd ID: 00140786A		Case Mix Per Diem Rate Effective Date: 7/1/2020		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.3591					1.3591	1.3617
		MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		Qtrly BIMS score: 29.6%	1.0%	Quarterly Medicaid CMI: 1.5188					1.5188	1.4961
				Nurse Hours per On-Site Day/Quality Incentive: 2.04	2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5481					1.5481	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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		\$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									
	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		1.5481								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.33								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$164.71	\$92.33	\$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 - 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 = 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 = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng 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	\$21.03	\$3.30	\$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	\$185.74	\$95.63	\$0.00	\$16.79	\$22.26	\$0.00	\$40.41	\$3.38	\$6.62	\$0.65
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$126.48									

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

FINAL

Provider: Georgia Regional Hospital at Atlanta		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: 00141061A		Case Mix Per Diem Rate Effective Date: 7/1/2020		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.0000					1.0000	1.3617
		MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		Qtrly BIMS score: #N/A	#N/A	Quarterly Medicaid CMI: 1.0000					1.0000	1.4961
				Nurse Hours per On-Site Day/Quality Incentive: no data	0.0%	Qtrly Mcaid CMI w RUG Wght Options:					1.0000	1.5223
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	(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	\$5,959,375	\$4,622,193	\$0	\$121,737	\$245,702	\$353,490	\$528,219	\$0	\$88,034	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	\$20,911	(\$5,314)	\$0	(\$51,292)	(\$1,841)	(\$11,492)	(\$12,101)		\$92,154	\$10,797
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,980,286	\$4,616,879	\$0	\$70,445	\$243,861	\$341,998	\$516,118	\$0	\$180,188	\$10,797
8	Total Nursing Facility Days As Filed Days = 8,888	FY12 Audited C/R Days	8,888									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 0	FY 18 GL-PL Ins Rpt Days								0		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$672.85	\$519.45	\$0.00	\$7.93	\$65.92	(with L&H)	\$58.07	\$0.00	\$20.27	\$1.21
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.0000								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$519.45								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$519.45	\$0.00	\$7.93	\$65.92		\$58.07	\$0.00	\$20.27	\$1.21
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	\$652.58	\$519.45	\$0.00	\$7.93	\$65.92		\$58.07	\$0.00	N/A	\$1.21
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$87.08	\$69.45	\$0.00	\$1.06	\$8.81	\$0.00	\$7.76	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$739.66	\$588.90	\$0.00	\$8.99	\$74.73	\$0.00	\$65.83	\$0.00	N/A	\$1.21
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.0000								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$588.90								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$739.66	\$588.90	\$0.00	\$8.99	\$74.73	\$0.00	\$65.83	\$0.00	N/A	\$1.21
<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	\$0.00	\$0.00
21	BIMS Add-on Per Diem = #N/A (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 SInfg Add-on	\$0.00	\$0.00								
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	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$739.66	\$588.90	\$0.00	\$8.99	\$74.73	\$0.00	\$65.83	\$0.00	#VALUE!	\$1.21
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$554.75									

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

FINAL

Provider: <b>Gibson 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>00141116A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.3210</b>					<b>1.3210</b>	<b>1.3617</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.06</b>		Qtrly BIMS score: <b>35.7%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.5626</b>					<b>1.5626</b>	<b>1.4961</b>
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.5898</b>					<b>1.5898</b>	<b>1.5223</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	\$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 Adjstmts	(\$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										
8	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 30,654										
9	Net Per Diems prior to Case Mix Adjstmt 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 Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.3210</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.84								
12	Net Per Diems after Case Mix Adjstmt 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 =	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 Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.5898</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.84								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$166.02	\$98.84	\$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 ((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 =	Ln 19 Col b x CPS Add-on	\$2.47	\$2.47								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Sifng 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	\$24.07	\$5.97	\$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>\$190.09</b>	<b>\$104.81</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>\$129.74</b>									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Glen Eagle Healthcare and Rehab	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State-wide
Prvdr ID: 003214231A	N/A	13.37%	Base Period Overall CMI:	Use Stwd	1.3617
H/B ? : No	Growth Allowance:	2.5%	Quarterly Medicaid CMI:	1.6408	1.4961
Case Mix Per Diem Rate Effective Date: 07/01/20	BIMS: 32.8%	2.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.6693	1.5223
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20	Nurse Hours per On-Site Day/Quality Incentive: 3.06				

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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			
	<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>Per Diem Costs and Add-ons</b>											
	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 Srvc)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$36.35	\$0.00
	<u>Allowed @ 90% of Std</u>		\$156.56	\$64.36		\$16.57	\$20.78		\$18.50		\$36.35	\$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			1.6693							(FRV Rate)	
	Qrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem			\$121.80								
	Quarterly Medicaid CMA Allowed Per Diem		\$197.46	\$121.80		\$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 Srvc)		\$3.05	\$3.05								
	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%		\$2.44	\$2.44								
	Nursing Home Provider Fee		\$17.10					17.1				
	<b>Total Quarterly Per Diem Add-On Amounts</b>		\$22.58									
	<b>Quarterly Case Mix Based Per Diem Rate</b>		\$220.04	\$127.28		\$18.79	\$23.56		\$38.07	\$3.03	\$9.31	\$0.00
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvd'r Fee) x 75%	\$152.20										

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>	Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>	Growth Allowance: <b>N/A</b>		<b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.4211</b>					<b>1.3617</b>	
	MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>	Qtrly BIMS score: <b>38.6%</b>		<b>38.6%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.2340</b>					<b>1.4961</b>	
		Nurse Hours per On-Site Day/Quality Incentive: <b>3.39</b>		<b>3.39</b>	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.2520</b>					<b>1.5223</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	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 Adjstml 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 Growth Allownc %	\$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		1.2520								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$79.54								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$173.16	\$79.54	\$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 - Awd) 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	\$1.99	\$1.99								
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	\$22.01	\$4.91	\$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	\$195.17	\$84.45	\$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	\$133.55									

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

FINAL

Provider: <b>Glenvue 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>00141171A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.1177</b>					<b>1.1177</b>	<b>1.3617</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.01</b>		Qtrly BIMS score: <b>21.3%</b>	<b>1.0%</b>	Quarterly Medicaid CMI: <b>1.5487</b>					<b>1.5487</b>	<b>1.4961</b>
					<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.5782</b>					<b>1.5782</b>	<b>1.5223</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	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	\$7,418,732	\$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									
9	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 40,858								40,858		
10	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
11	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1177								
12	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.90								
13	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
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	\$151.05	\$71.51	\$0.00	\$29.15	\$18.40		\$20.56	\$2.23	8.62	\$0.58
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
16	Growth Allowance Percentage =	Ln 14 x Grwth Allownc %	\$18.67	\$9.56	\$0.00	\$3.90	\$2.46	\$0.00	\$2.75	N/A	N/A	N/A
17	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
18	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5782								
19	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$127.94								
20	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$216.59	\$127.94	\$0.00	\$33.05	\$20.86	\$0.00	\$23.31	\$2.23	\$8.62	\$0.58
<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)	\$0.41	\$0.00	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
22	BIMS Add-on Per Diem =	Ln 19 Col b x CPS Add-on	\$1.28	\$1.28								
23	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$2.56	\$2.56								
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	\$21.35	\$3.84	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
26	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$237.94	\$131.78	\$0.00	\$33.05	\$21.27	\$0.00	\$40.41	\$2.23	\$8.62	\$0.58
27	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$165.63									

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

FINAL

Provider: <b>Glenwood 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>00220514A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.4921</b>					<b>1.4921</b>	<b>1.3617</b>
		MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Qtrly BIMS score: <b>35.2%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.5795</b>					<b>1.5795</b>	<b>1.4961</b>
				Nurse Hours per On-Site Day/Quality Incentive: <b>3.39</b>	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.6075</b>					<b>1.6075</b>	<b>1.5223</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	\$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 Adjstmts	(\$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									
	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		1.6075								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.41								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$158.58	\$97.41	\$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 ((Stnd - Alwjd) 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	\$2.44	\$2.44								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.92	\$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	\$23.62	\$5.89	\$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	\$182.20	\$103.30	\$0.00	\$15.13	\$15.03	\$0.00	\$40.41	\$0.08	\$7.15	\$1.10
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$123.83									

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>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>		<b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.4106</b>				<b>1.4106</b>	<b>1.3617</b>
		MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Qtrly BIMS score: <b>29.6%</b>		<b>29.6%</b>	<b>1.0%</b>	Quarterly Medicaid CMI: <b>1.6570</b>				<b>1.6570</b>	<b>1.4961</b>
				Nurse Hours per On-Site Day/Quality Incentive: <b>2.74</b>		<b>2.74</b>	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.6873</b>				<b>1.6873</b>	<b>1.5223</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	(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 Adjstmts	\$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										
9	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 Adjstmt 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 Case Mix Index for All Residents	from 4 qtrs of FY12		1.4106									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$41.29									
12	Net Per Diems after Case Mix Adjstmt 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 =	Ln 14 x Grwth Allownc %	\$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 Case Mix Index for Medicaid Residents	per Current Qtr End		1.6873									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$78.98									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$155.50	\$78.98	\$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 (Stnd - Alwefj 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	\$0.79	\$0.79									
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Slfng 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	\$21.42	\$3.69	\$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	\$176.92	\$82.67	\$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	\$119.87										

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

FINAL

Provider: <b>Gold City Health and Rehabilitation Ctr</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: <b>00142975A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.5030</b>					<b>1.3617</b>	<b>1.3617</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>2.58</b>		Qtrly BIMS score: <b>38.9%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.6363</b>					<b>1.4961</b>	<b>1.4961</b>
					<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.6679</b>					<b>1.6679</b>	<b>1.5223</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	\$3,352,187	\$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 Allwnc %	\$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		1.6679								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$76.17								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$126.52	\$76.17	\$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	\$1.90	\$1.90								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Slfng 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	\$22.05	\$3.95	\$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	\$148.57	\$80.12	\$0.00	\$11.51	\$13.39	\$0.00	\$33.47	\$0.58	\$8.69	\$0.81
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$98.60									

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

FINAL

Provider: <b>Goodwill 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>00141193A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>		<b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.1718</b>				<b>1.3617</b>	
		MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Qtrly BIMS score: <b>#N/A</b>		<b>#N/A</b>	<b>#N/A</b>	Quarterly Medicaid CMI: <b>Stwde 1.4961</b>				<b>1.4961</b>	
				Nurse Hours per On-Site Day/Quality Incentive: <b>no data</b>		<b>no data</b>	<b>0.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>Stwde 1.5223</b>				<b>1.5223</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	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	#N/A	\$3,148,255	\$0	\$554,849	\$373,578	\$470,794	\$917,378	#N/A	\$117,298	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$37,822)	(\$40,126)	\$0	\$0	\$10,880	\$57,633	(\$57,689)		(\$56,517)	\$47,997	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	#N/A	\$3,108,129	\$0	\$554,849	\$384,458	\$528,427	\$859,689	#N/A	\$60,781	\$47,997	
8	Total Nursing Facility Days	As Filed Days = 46,832		46,832									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = #N/A								#N/A			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$118.39	\$66.37	\$0.00	\$11.85	\$19.49	(with L&F)	\$18.36	\$0.00	\$1.30	\$1.02	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<b>1.1718</b>									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.64									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$56.64	\$0.00	\$11.85	\$19.49		\$18.36	\$0.00	\$1.30	\$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	\$116.04	\$56.64	\$0.00	\$11.85	\$19.49		\$18.36	\$0.00	8.68	\$1.02	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage =	Ln 14 x Grwth Allwnc %	\$14.21	\$7.57	\$0.00	\$1.58	\$2.61	\$0.00	\$2.45	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$130.25	\$64.21	\$0.00	\$13.43	\$22.10	\$0.00	\$20.81	\$0.00	\$8.68	\$1.02	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qlr End		<b>1.5223</b>									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.75									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$163.79	\$97.75	\$0.00	\$13.43	\$22.10	\$0.00	\$20.81	\$0.00	\$8.68	\$1.02	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem (Stnd - Awdt) 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 =	#N/A (to Routine Svcs)	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem =	0.0% (to Routine Svcs)	\$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>\$182.42</b>	<b>\$98.28</b>	<b>\$0.00</b>	<b>\$13.65</b>	<b>\$22.51</b>	<b>\$0.00</b>	<b>\$38.28</b>	<b>\$0.00</b>	<b>\$8.68</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>\$123.99</b>										

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

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL 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	\$6,100,809	\$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									
8	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		1.4871								
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	\$166.38	\$99.37	\$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 - 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 = 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 = 2.0% (to Routine Svcs)	Ln 19 Col b x Sfng 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	\$21.61	\$3.51	\$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	\$187.99	\$102.88	\$0.00	\$17.50	\$18.53	\$0.00	\$36.49	\$2.79	\$9.12	\$0.68
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$128.17									

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

FINAL

Provider: <b>Grace Health Care of Tucker</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: <b>00083267A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>		<b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.5096</b>		<b>1.5096</b>	<b>1.3617</b>		
		MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Qtrly BIMS score: <b>30.0%</b>		<b>30.0%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.5669</b>		<b>1.5669</b>	<b>1.4961</b>		
				Nurse Hours per On-Site Day/Quality Incentive: <b>2.96</b>		<b>2.96</b>	<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.5923</b>		<b>1.5923</b>	<b>1.5223</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)		<b>90.0%</b>	<b>90.0%</b>	<b>90.0%</b>	<b>85.0%</b>		<b>50.0%</b>				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>		<b>105.0%</b>				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		<b>\$0.53</b>	<b>\$0.00</b>	<b>\$0.22</b>	<b>\$0.41</b>		<b>\$0.37</b>				
<b>Base Period Per 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 Adjstmts	(\$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										
9	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		<b>1.5096</b>									
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 = <b>13.37%</b>	Ln 14 x Grwth Allwnc %	\$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		<b>1.5923</b>									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.24									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$165.12	\$90.24	\$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 ((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	\$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	\$2.26	\$2.26									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <b>2.0%</b> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.80	\$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	\$22.32	\$4.59	\$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>\$187.44</b>	<b>\$94.83</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>\$127.76</b>										

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

FINAL

Provider: <b>Gracemore Nursing Center</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvd ID: <b>00141182A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.1896</b>				<b>1.3617</b>		
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.29</b>		Qtrly BIMS score: <b>36.6%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.3996</b>				<b>1.4961</b>		
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.4208</b>				<b>1.5223</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	\$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 Adjstmts	(\$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	17,282									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 15,700								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 =	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		1.4208								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.22								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$165.47	\$95.22	\$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 ((Stnd - 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 =	Ln 19 Col b x CPS Add-on	\$2.38	\$2.38								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	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	\$23.65	\$5.77	\$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	\$189.12	\$100.99	\$0.00	\$20.87	\$19.44	\$0.00	\$36.45	\$2.43	\$7.57	\$1.37
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$129.02									

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

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>Provider: Gracewood Developmental Center</b> <b>Prvdr ID: 00141204A</b> Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20 Growth Allowance: N/A Qtrly BIMS score: #N/A Nurse Hours per On-Site Day/Quality Incentive: no data Facility Score: #N/A Add-on Percent: 13.37% Case Mix Index (CMI) Data: Base Period Overall CMI: 1.0000 Quarterly Medicaid CMI: 1.0000 Qtrly Mcaid CMI w RUG Wght Options: 1.0000 Facility Specific: 1.0000 State-wide: 1.3617 1.4961 1.5223												
<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	\$56,899,333	\$42,270,348	\$0	\$4,248,771	\$2,148,145	\$2,846,517	\$4,152,940	\$0	\$1,232,612	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$1,052,706)	(\$1,912,822)	\$0	\$204,331	\$440	(\$15,225)	\$704,220		(\$110,305)	\$76,655
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$55,846,627	\$40,357,526	\$0	\$4,453,102	\$2,148,585	\$2,831,292	\$4,857,160	\$0	\$1,122,307	\$76,655
8	Total Nursing Facility Days	As Filed Days = 93,455		91,820								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 0								0		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$608.22	\$439.53	\$0.00	\$48.50	\$54.24	(with L&H)	\$52.90	\$0.00	\$12.22	\$0.83
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.0000								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$439.53								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$439.53	\$0.00	\$48.50	\$54.24		\$52.90	\$0.00	\$12.22	\$0.83
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	\$599.87	\$439.53	\$0.00	\$48.50	\$54.24		\$52.90	\$0.00	3.87 (Dodge)	\$0.83
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage =	Ln 14 x Grwth Allwnc %	\$79.57	\$58.77	\$0.00	\$6.48	\$7.25	\$0.00	\$7.07	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$679.44	\$498.30	\$0.00	\$54.98	\$61.49	\$0.00	\$59.97	\$0.00	\$3.87	\$0.83
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qlr End		1.0000								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$498.30								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$679.44	\$498.30	\$0.00	\$54.98	\$61.49	\$0.00	\$59.97	\$0.00	\$3.87	\$0.83
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem (Stnd - 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	\$0.00	\$0.00
21	BIMS Add-on Per Diem =	#N/A (to Routine Svcs)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
22	Nurse Staff Hrs / Quality Add-on Per Diem =	0.0% (to Routine Svcs)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$0.00	\$0.00	\$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	\$679.44	\$498.30	\$0.00	\$54.98	\$61.49	\$0.00	\$59.97	\$0.00	\$3.87	\$0.83
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$509.58									

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

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Provider: <b>Gracewood Nursing Home No. 9</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Pvdr ID: <b>00140709A</b>	Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>	Growth Allowance: <b>N/A</b>		<b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.0000</b>				<b>1.0000</b>	<b>1.3617</b>	
	MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>	Qtrly BIMS score: <b>#N/A</b>		<b>#N/A</b>	<b>#N/A</b>	Quarterly Medicaid CMI: <b>1.0000</b>				<b>1.0000</b>	<b>1.4961</b>	
		Nurse Hours per On-Site Day/Quality Incentive: <b>no data</b>		<b>no data</b>	<b>0.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.0000</b>				<b>1.0000</b>	<b>1.5223</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	\$7,113,857	\$5,284,644	\$0	\$345,728	\$417,263	\$434,476	\$498,229	\$0	\$133,517	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$168,161)	(\$301,755)	\$0	\$22,252	(\$126)	(\$2,325)	\$123,714	\$0	(\$19,606)	\$9,685
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,945,696	\$4,982,889	\$0	\$367,980	\$417,137	\$432,151	\$621,943	\$0	\$113,911	\$9,685
8	Total Nursing Facility Days As Filed Days = 10,822	FY12 Audited C/R Days	10,545									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 0	FY 18 GL-PL Ins Rpt Days								0		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$658.68	\$472.54	\$0.00	\$34.90	\$80.54	(with L&H)	\$58.98	\$0.00	\$10.80	\$0.92
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.0000								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$472.54								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$472.54	\$0.00	\$34.90	\$80.54		\$58.98	\$0.00	\$10.80	\$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	\$647.88	\$472.54	\$0.00	\$34.90	\$80.54		\$58.98	\$0.00	N/A	\$0.92
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$86.51	\$63.18	\$0.00	\$4.67	\$10.77	\$0.00	\$7.89	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$734.39	\$535.72	\$0.00	\$39.57	\$91.31	\$0.00	\$66.87	\$0.00	N/A	\$0.92
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.0000								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$535.72								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$734.39	\$535.72	\$0.00	\$39.57	\$91.31	\$0.00	\$66.87	\$0.00	N/A	\$0.92
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Ahd) 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 = #N/A (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)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$734.39	\$535.72	\$0.00	\$39.57	\$91.31	\$0.00	\$66.87	\$0.00	#VALUE!	\$0.92
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$550.79									

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

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Provider: <b>Grandview Health 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>00141226A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.2061</b>					<b>1.2061</b>	<b>1.3617</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.61</b>		Qtrly BIMS score: <b>29.8%</b>	<b>1.0%</b>	Quarterly Medicaid CMI: <b>1.5405</b>					<b>1.5405</b>	<b>1.4961</b>
					<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.5688</b>					<b>1.5688</b>	<b>1.5223</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)		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	\$3,271,753	\$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 Adjstmts	(\$58,977)	\$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									
9	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	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	\$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>1.5688</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.28								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193.23	\$115.28	\$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 (Std - Atwd) 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>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>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Sflng 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	\$21.87	\$3.99	\$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>\$215.10</b>	<b>\$119.27</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>\$148.50</b>									

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages		Case Mix Index (CMI) Data		Facility Score	Facility Specific	State-wide
													a	b	c	d	e	f	g
Provider: <b>Green Acres Health &amp; Rehab</b> Prvdr ID: <b>00083014A</b> Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b> MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b> Growth Allowance: <b>N/A</b> Qtrly BIMS score: <b>35.7%</b> Nurse Hours per On-Site Day/Quality Incentive: <b>3.68</b> Base Period Overall CMI: <b>1.1607</b> Quarterly Medicaid CMI: <b>1.3352</b> Qtrly Mcaid CMI w RUG Wght Options: <b>1.3579</b> Facility Score: <b>3.3%</b> Add-on Percent: <b>13.37%</b> 2.5% 2.0%																			
<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> 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 Adjstmnts	(\$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	\$0.75							
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																			
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$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		1.3579															
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.42															
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$163.46	\$95.42	\$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 ((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	\$2.39	\$2.39															
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (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	\$22.93	\$4.83	\$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	\$186.39	\$100.25	\$0.00	\$16.81	\$19.61	\$0.00	\$37.13	\$2.82	\$9.02	\$0.75							
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$126.97																

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

FINAL

Provider: <b>Greene Point Healthcare</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: <b>00142634A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.2987</b>					<b>1.2987</b>	<b>1.3617</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.69</b>		Qtrly BIMS score: <b>41.0%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.4457</b>					<b>1.4457</b>	<b>1.4961</b>
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.4731</b>					<b>1.4731</b>	<b>1.5223</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%	65.0%		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									
9	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		1.4731								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.66								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.30	\$100.66	\$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 = 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 Slng 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	\$24.17	\$6.07	\$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	\$201.47	\$106.73	\$0.00	\$18.74	\$22.00	\$0.00	\$38.42	\$2.88	\$12.07	\$0.63
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$138.28									

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

FINAL

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>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.4525</b>					<b>1.4525</b>	<b>1.3617</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>4.87</b>		Qtrly BIMS score: <b>34.2%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.5300</b>					<b>1.5300</b>	<b>1.4961</b>
					<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.5555</b>					<b>1.5555</b>	<b>1.5223</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)		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	\$9,066,530	\$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 Adjstmts	(\$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	31,822									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 29,727								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		1.4525								
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 =	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		1.5555								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$126.10								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$222.63	\$126.10	\$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 (Stnd - 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	\$0.00	\$0.00
21	BIMS Add-on Per Diem =	Ln 19 Col b x CPS Add-on	\$3.15	\$3.15								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Slfng 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	\$22.77	\$5.67	\$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	\$245.40	\$131.77	\$0.00	\$33.05	\$26.18	\$0.00	\$40.41	\$0.33	\$13.66	\$0.00
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$171.23									

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

FINAL

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>7/1/2020</b>		Growth Allowance: <b>N/A</b>		<b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.1936</b>				<b>1.3617</b>	
		MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Qtrly BIMS score: <b>57.9%</b>		<b>57.9%</b>	<b>5.5%</b>	Quarterly Medicaid CMI: <b>1.2668</b>				<b>1.4951</b>	
				Nurse Hours per On-Site Day/Quality Incentive: <b>6.53</b>		<b>6.53</b>	<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.2859</b>				<b>1.5223</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)		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	\$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 Adjstmts	(\$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											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 27,884								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 = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$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		1.2859									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.25									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$175.60	\$104.25	\$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 - Atwd) 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 = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.73	\$5.73									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.09	\$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	\$25.51	\$7.82	\$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	\$201.11	\$112.07	\$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	\$138.01										

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

FINAL

Line #	Description	Sources / Calculations	Add-on Data and Percentages					Case Mix Index (CMI) Data					Facility Specific	State-wide
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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	1	2	1	1	1					
	<i>Peer Group Standards &amp; Efficiency Measure Limits</i>													
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	\$2,857,633	\$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 Adjstms	\$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 Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 19,418 As Filed Days = 36,231	19,418								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 Case Mix Index for All Residents	from 4 qtrs of FY10		1.5429										
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 =	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 Case Mix Index for Medicaid Residents	per Current Qtr End		1.5958										
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$78.75										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$149.00	\$78.75	\$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 ((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	\$0.00	\$0.00		
21	BIMS Add-on Per Diem =	Ln 19 Col b x CPS Add-on	\$1.97	\$1.97										
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Sfng 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	\$22.59	\$4.86	\$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	\$171.59	\$83.61	\$0.00	\$14.54	\$14.30	\$0.00	\$44.33	\$5.82	\$8.16	\$0.83		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$115.87											

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

FINAL

Provider: Harborview Health Systems of Jesup		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: 00141611A	Case Mix Per Diem Rate Effective Date: 7/1/2020	Growth Allowance: N/A		N/A	13.37%	Base Period Overall CMI: 1.4862					1.4862	1.3617
	MDS & Nurse Hrs Data per Quarter Ending: 03/31/20	Qtrly BIMS score: 18.5%		18.5%	0.0%	Quarterly Medicaid CMI: 1.5729					1.5729	1.4961
		Nurse Hours per On-Site Day/Quality Incentive: 4.39		4.39	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6002					1.6002	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$4,601,458	\$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 Adjstmts	(\$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 Allwnc %	\$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		1.6002								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.81								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$149.08	\$86.81	\$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 ((Stnd - 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 = 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	\$2.60	\$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	\$20.86	\$3.13	\$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	\$169.94	\$89.94	\$0.00	\$16.49	\$13.47	\$0.00	\$40.41	\$1.48	\$7.18	\$0.97
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$114.63									

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

FINAL

Provider: Harborview Health Systems - Pierce		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: 00142447A		Case Mix Per Diem Rate Effective Date: 7/1/2020		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.2039					1.2039	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		Nurse Hours per On-Site Day/Quality Incentive: 6.06		Qtrly BIMS score: 28.1%	1.0%	Quarterly Medicaid CMI: 1.6266					1.6266	1.4951
					3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6558					1.6558	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskprng	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
<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	\$6,088,551	\$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 Adjstmts	(\$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										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 17,258									17,258	
9	Net Per Diems prior to Case Mix Adjstmt 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 Adjstmt 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 =	Ln 14 x Gwth Allwnc %	\$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		1.6558								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$134.24								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$234.15	\$134.24	\$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 ((Sind - Alwd) 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	\$0.00	\$0.00
21	BIMS Add-on Per Diem =	Ln 19 Col b x CPS Add-on	\$1.34	\$1.34								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Sifng Add-on	\$4.03	\$4.03								
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	\$22.78	\$5.37	\$0.00	\$0.00	\$0.31	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$256.93	\$139.61	\$0.00	\$33.05	\$26.02	\$0.00	\$40.41	\$2.63	\$14.61	\$0.60
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$179.87									

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

FINAL

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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 Adjstmts	(\$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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allownc %	\$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		1.6588								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$134.48								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$228.15	\$134.48	\$0.00	\$32.41	\$24.14	\$0.00	\$23.31	\$2.11	\$11.21	\$0.49
<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)	\$0.63	\$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 Sifng Add-on	\$4.03	\$4.03								
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	\$21.76	\$4.03	\$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>\$249.91</b>	<b>\$138.51</b>	<b>\$0.00</b>	<b>\$32.63</b>	<b>\$24.55</b>	<b>\$0.00</b>	<b>\$40.41</b>	<b>\$2.11</b>	<b>\$11.21</b>	<b>\$0.49</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$174.61</b>									

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

FINAL

Provider: Harborview Health Systems - Thomaston		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: 00140621A	Case Mix Per Diem Rate Effective Date: 7/1/2020	Growth Allowance: N/A		N/A	13.37%	Base Period Overall CMI: 1.2365					1.3617	1.3617
	MDS & Nurse Hrs Data per Quarter Ending: 03/31/20	Qtrly BIMS score: 35.6%		35.6%	2.5%	Quarterly Medicaid CMI: 1.4956					1.4961	1.4961
		Nurse Hours per On-Site Day/Quality Incentive: 4.23		4.23	2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5222					1.5222	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$4,879,521	\$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									
9	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 Allownc %	\$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		1.5222								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.41								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$163.08	\$98.41	\$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 ((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	\$2.46	\$2.46								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.97	\$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	\$185.77	\$103.37	\$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	\$126.50									

Quarterly Case Mix Per Diem Calculation

Provider: Harrington Park			Facility Score	Add-on Percent		Facility Specific	State-wide
Prvdr ID: 003165726A		<u>Add-on Data and Percentages</u>	Growth Allowance: N/A	13.37%	<u>Case Mix Index (CMI) Data</u>	Use Stwd	1.3617
H/B ? : No	Case Mix Per Diem Rate Effective Date: 07/01/20		BIMS: 27.6%	1.0%	Base Period Overall CMI:	1.2173	1.4961
	MDS & Nurse Hrs Data per Quarter Ending: 03/31/20	Nurse Hours per On-Site Day/Quality Incentive: 3.81		3.0%	Quarterly Medicaid CMI:	1.2337	1.5223
					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	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								\$ 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
	<u>Allowed @ 95% of Std</u>		\$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			<u>1.2337</u>							(FRV Rate)	
	Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$95.01								
	Quarterly Medicaid CMA Allowed Per Diem		\$209.78	\$95.01		\$19.83	\$24.87		\$22.14	\$2.76	\$37.80	\$7.37
	<b>Quarterly Per Diem Add-On Amounts</b>											
	BIMS Add-on Per Diem = 1.0% of Routine Svcs)		\$0.95	\$0.95								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$2.85	\$2.85								
	Nursing Home Provider Fee		\$17.10						17.10			
	<b>Total Quarterly Per Diem Add-On Amounts</b>		\$20.90									
	<b>Quarterly Case Mix Based Per Diem Rate</b>		\$230.68	\$98.81		\$19.83	\$24.87		\$39.24	\$2.76	\$37.80	\$7.37
	<b>Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%</b>	\$160.19										

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

FINAL

Provider: <b>Hart Care Center</b>			<b>Add-on Data and Percentages</b>		<b>Facility Score</b>	<b>Add-on Percent</b>	<b>Case Mix Index (CMI) Data</b>			<b>Facility Specific</b>	<b>State-wide</b>
Prvdr ID: <b>00167857A</b>					Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.5289			1.3699	
Case Mix Per Diem Rate Effective Date: <b>07/01/20</b>				Qtrly BIMS score: 41.0%		2.5%	Quarterly Medicaid CMI: 1.6078			1.4961	
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		3.51	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6367			1.5223		

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	1	2	1	1	1			
	<i>Peer Group Standards &amp; Efficiency Measure Limits</i>			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
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 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 Adjstmts	(\$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 Adjstmt 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 Adjstmt 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 Grwth Allwnc %	\$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		1.6387								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.74								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$149.95	\$91.74	\$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 ((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	\$2.29	\$2.29								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sifng 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	\$173.62	\$97.31	\$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	\$117.39									

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>7/1/2020</b>		Growth Allowance: <b>N/A</b>		<b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.3222</b>		<b>1.3222</b>	<b>1.3617</b>		
		MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Qtrly BIMS score: <b>18.1%</b>		<b>18.1%</b>	<b>0.0%</b>	Quarterly Medicaid CMI: <b>1.3905</b>		<b>1.3905</b>	<b>1.4961</b>		
				Nurse Hours per On-Site Day/Quality Incentive: <b>3.63</b>		<b>3.63</b>	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.4117</b>		<b>1.4117</b>	<b>1.5223</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)		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	\$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 Adjstrts	\$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 Adjstmt 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 Adjstmt 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 =	Ln 14 x Grwth Allownc %	\$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		1.4117									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.76									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.12	\$97.76	\$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 - 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 =	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem =	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	\$20.97	\$3.46	\$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	\$202.09	\$101.22	\$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	\$138.74										

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

FINAL

Provider: <b>Hazlehurst Court Care and Rehab</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Pvdr ID: <b>00059705A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.4494</b>					<b>1.4494</b>	<b>1.3617</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>2.70</b>		Qtrly BIMS score: <b>27.6%</b>	<b>1.0%</b>	Quarterly Medicaid CMI: <b>1.5346</b>					<b>1.5346</b>	<b>1.4961</b>
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.5622</b>					<b>1.5622</b>	<b>1.5223</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)		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	\$3,073,423	\$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 Adjstmts	\$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		1.4494								
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 = 13.37%	Ln 14 x Grwth Allwnc %	\$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		1.5622								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$76.95								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$139.24	\$76.95	\$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 - 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	\$0.00	\$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 = 3.0% (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	\$21.34	\$3.61	\$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	\$160.58	\$80.56	\$0.00	\$16.66	\$15.01	\$0.00	\$40.41	\$0.62	\$6.78	\$0.54
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$107.61									

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

FINAL

Provider: <b>Heardmont 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>00082981A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.1433</b>					<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>2.63</b>		Qtrly BIMS score: <b>36.8%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.4102</b>					<b>1.4961</b>	
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.4352</b>					<b>1.5223</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	\$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 Adjstmts	(\$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 Allwnc %	\$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		1.4352								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$81.52								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16		\$160.61	\$81.52	\$0.00	\$18.26	\$26.18	\$0.00	\$22.24	\$3.50	\$1.35
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Awa) 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	\$2.04	\$2.04								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (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	\$22.71	\$5.02	\$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	\$183.32	\$86.54	\$0.00	\$18.48	\$26.18	\$0.00	\$39.71	\$3.50	\$7.56	\$1.35
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$124.67									



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>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.3861</b>					<b>1.3861</b>	<b>1.3617</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.09</b>		Qtrly BIMS score: <b>34.0%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.5015</b>					<b>1.5015</b>	<b>1.4961</b>
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.5286</b>					<b>1.5286</b>	<b>1.5223</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	\$3,583,363	\$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 Adjstmts	(\$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 Case Mix Index 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 Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.5286</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.55								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$167.64	\$95.55	\$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 ((Std - 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 = <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>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	\$23.89	\$5.79	\$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	\$191.53	\$101.34	\$0.00	\$14.66	\$22.79	\$0.00	\$37.20	\$7.05	\$7.25	\$1.24
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$130.82									

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

FINAL

Provider: <b>Heritage Healthcare -Grandview, LLC</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: <b>00141215A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.4300</b>					<b>1.3617</b>	<b>1.3617</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.15</b>		Qtrly BIMS score: <b>32.1%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.4076</b>					<b>1.4961</b>	<b>1.4961</b>
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.4311</b>					<b>1.5223</b>	<b>1.5223</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	\$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 Adjstmts	(\$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		32,702								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 24,441								24,441		
9	Net Per Diems prior to Case Mix Adjstml 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 Adjstml 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	\$130.32	\$57.72	\$0.00	\$14.43	\$20.41		\$19.16	\$7.09	10.17 (FRV)	\$1.34
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allownc %	\$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	\$145.26	\$65.44	\$0.00	\$16.36	\$23.14	\$0.00	\$21.72	\$7.09	\$10.17	\$1.34
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4311								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.65								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$173.47	\$93.65	\$0.00	\$16.36	\$23.14	\$0.00	\$21.72	\$7.09	\$10.17	\$1.34
<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	\$2.34	\$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	\$197.25	\$99.33	\$0.00	\$16.58	\$23.55	\$0.00	\$39.19	\$7.09	\$10.17	\$1.34
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$135.11									

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

FINAL

Provider: <b>Heritage Inn of Barnesville</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: <b>00143613A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>		<b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.3499</b>				<b>1.3617</b>	
		MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Qtrly BIMS score: <b>50.6%</b>		<b>50.6%</b>	<b>5.5%</b>	Quarterly Medicaid CMI: <b>1.4948</b>				<b>1.4961</b>	
				Nurse Hours per On-Site Day/Quality Incentive: <b>3.06</b>		<b>3.06</b>	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.5182</b>				<b>1.5223</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)		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	\$4,953,065	\$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 Adjstmts	(\$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											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 39,775								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		1.3499									
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 = <u>13.37%</u>	Ln 14 x Grwth Allownc %	\$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		1.5182									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$87.49									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$148.17	\$87.49	\$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 - 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	\$4.81	\$4.81									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$2.62	\$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	\$26.06	\$7.96	\$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	\$174.23	\$95.45	\$0.00	\$15.80	\$17.38	\$0.00	\$35.11	\$2.82	\$7.05	\$0.62	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$117.85										

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

FINAL

Provider: <b>Heritage Inn of Sandersville</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Pvdr ID: <b>00142678A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.3183</b>					<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		<b>46.3%</b>	<b>5.5%</b>	Quarterly Medicaid CMI: <b>1.4822</b>					<b>1.4961</b>	
				<b>3.51</b>	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.5080</b>					<b>1.5223</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	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	\$2,922,685	\$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 Adjstmts	(\$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	21,700									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,510								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		<b>1.3183</b>								
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 =	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		<b>1.5080</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.51								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$159.14	\$90.51	\$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 - 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 =	Ln 19 Col b x CPS Add-on	\$4.98	\$4.98								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Slfng 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	\$26.33	\$8.23	\$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>\$185.47</b>	<b>\$98.74</b>	<b>\$0.00</b>	<b>\$16.85</b>	<b>\$19.78</b>	<b>\$0.00</b>	<b>\$36.30</b>	<b>\$2.67</b>	<b>\$10.12</b>	<b>\$1.01</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$126.28</b>									

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

FINAL

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL 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	\$3,625,557	\$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									
	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		1.2962								
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		1.7829								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.67								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.19	\$107.67	\$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 = 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	\$2.15	\$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	\$21.86	\$3.76	\$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>\$194.05</b>	<b>\$111.43</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>\$132.71</b>									

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

FINAL

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$5,303,039	\$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 Adjstmts	(\$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	27,611									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 33,700								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	\$0.57
<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	\$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		1.1690								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.77								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.11	\$94.77	\$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 - 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	\$2.37	\$2.37								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	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	\$21.37	\$4.27	\$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	\$205.48	\$99.04	\$0.00	\$20.87	\$26.18	\$0.00	\$40.41	\$2.92	\$15.49	\$0.57
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$141.29									

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

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Provider: Hill Haven Nursing Home		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: 00448456A		Case Mix Per Diem Rate Effective Date: 7/1/2020		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.2298					1.2298	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		Nurse Hours per On-Site Day/Quality Incentive: 3.20		Qtrly BIMS score: 32.1%	2.5%	Quarterly Medicaid CMI: 1.4121					1.4121	1.4961
					3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4371					1.4371	1.5223
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 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 Adjstmts	(\$55,257)	(\$7,300)	\$0	\$1,036	(\$2,265)	(\$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	22,914									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 23,824								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 =	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		1.4371								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.64								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$164.18	\$90.64	\$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 (Sind - 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	\$0.00	\$0.00
21	BIMS Add-on Per Diem =	Ln 19 Col b x CPS Add-on	\$2.27	\$2.27								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	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	\$187.43	\$96.16	\$0.00	\$15.98	\$20.84	\$0.00	\$40.41	\$2.62	\$9.77	\$1.65
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$127.75									

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

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	1	2	1	1	1			
				<i>All Facilities</i>	<i>All Facilities</i>	<i>Free Standing</i>	<i>All Facilities</i>	<i>All Facilities</i>	<i>All Facilities</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>			
	<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	\$0.60	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per 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	\$2,054,338	\$0	\$410,602	\$266,276	\$277,259	\$978,296	#N/A	\$759,618	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	#N/A	(\$196,994)	\$0	(\$6,666)	(\$3,525)	(\$4,739)	#N/A		\$29,013	\$26,881
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	#N/A	\$1,857,344	\$0	\$403,936	\$262,751	\$272,520	#N/A	#N/A	\$788,631	\$26,881
8	Total Nursing Facility Days	As Filed Days = 29,122		29,122								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = #N/A								#N/A		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	#N/A	\$63.78	\$0.00	\$13.87	\$18.38	(with L&H)	#N/A	#N/A	\$27.08	\$0.92
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1155								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.18								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$57.18	\$0.00	\$13.87	\$18.38		#N/A	#N/A	\$27.08	\$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	#N/A	\$57.18	\$0.00	\$13.87	\$18.38		#N/A	#N/A	8.77	\$0.92
											(FRV)	
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Altwnc %	#N/A	\$7.64	\$0.00	\$1.85	\$2.46	\$0.00	#N/A	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	#N/A	\$64.82	\$0.00	\$15.72	\$20.84	\$0.00	#N/A	#N/A	\$8.77	\$0.92
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5223								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.68								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	#N/A	\$98.68	\$0.00	\$15.72	\$20.84	\$0.00	#N/A	#N/A	\$8.77	\$0.92
	<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)	#N/A	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	#N/A		\$0.00	
21	BIMS Add-on Per Diem = #N/A (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	#N/A	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	#N/A	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	#N/A	\$99.21	\$0.00	\$15.94	\$21.25	\$0.00	#N/A	#N/A	\$8.77	\$0.92
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	#N/A									

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

FINAL

Provider: <b>Jesup Health Care</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: <b>00142689A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.4500</b>					<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>2.74</b>		Qtrly BIMS score: <b>40.0%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.9228</b>					<b>1.4961</b>	
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.9607</b>					<b>1.5223</b>	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskng	Plant Operatns & Maint	Admin 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 Adjstms	(\$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		24,507								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,290								21,290		
9	Net Per Diems prior to Case Mix Adjstml 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 Adjstml 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 Allwnc %	\$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		1.9607								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.68								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$165.47	\$100.68	\$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 ((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	\$2.52	\$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	\$24.17	\$6.07	\$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	\$189.64	\$106.75	\$0.00	\$14.53	\$20.20	\$0.00	\$40.09	\$0.97	\$6.58	\$0.52
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$129.41									

Quarterly Case Mix Per Diem Rate Calculations

FINAL

Provider: <b>Joe-Ann Burgin Nursing Center</b> Prvdr ID: <b>00141633A</b> H/B ? : Yes		Case Mix Per Diem Rate Effective Date: <b>07/01/20</b> MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: 32.7% Nurse Hours per On-Site Day/Quality Incentive: 2.94		Facility Score: N/A Add-on Percent: 13.37% 2.5% 3.0%		<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.2689 Quarterly Medicaid CMI: 1.1873 Qtrly Mcaid CMI w RUG Wght Options: 1.2033			Facility Specific: 1.2689 1.1873 1.2033		State-wide: 1.3617 1.4961 1.5223	
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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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				
	<i>Type of Facility within Peer Group</i>			All Facilities	All Facilities	Hosp Based	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				
	<i>Peer Group Standards &amp; Efficiency Measure Limits</i>											
	<i>Peer Group Standards: Percentile</i>			90.0%	90.0%	90.0%	85.0%					
	<i>Peer Group Standards: Multiplier</i>			100.0%	100.0%	100.0%	100.0%					
	<i>Efficiency Measures (Maximums)</i>			\$0.53	\$0.00	\$0.22	\$0.41					
	<b>Base Period Per Diem Allowed Amounts</b>											
	Net Historical Cost 2010	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) @ 2.06%			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			<u>1.2689</u>								
	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		\$25.97	\$23.20		\$21.80			
	Base Period Case Mix Adjusted Allowed Per Diem		\$136.00	\$62.06		\$23.40	\$17.17		\$19.31	\$1.36	12.40	0.29
	<b>Quarterly Per Diem Rate Prior to Add-Ons</b>										(FRV Rate)	
	Growth Allowance 13.37%		\$16.30	\$8.30		\$3.13	\$2.30		\$2.58			
	CMA Allowed Per Diem After Growth Allowance		\$152.29	\$70.36		\$26.53	\$19.46		\$21.89	\$1.36	\$12.40	\$0.29
	Quarterly Facility Case Mix Index for Medicaid Residents			<u>1.2033</u>								
	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem			\$84.66								
	Quarterly Medicaid CMA Allowed Per Diem		\$166.59	\$84.66		\$26.53	\$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)		\$1.53	\$0.53		\$0.22	\$0.41		\$0.37			
	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)		\$2.12	2.12								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$2.54	2.54								
	Nursing Home Provider Fee		\$ 17.10						\$ 17.10			
	Total Quarterly Per Diem Add-On Amounts		\$23.29									
	<b>Quarterly Case Mix Based Per Diem Rate</b>		<b>\$189.88</b>	<b>\$89.85</b>		<b>\$26.75</b>	<b>\$19.87</b>		<b>\$39.36</b>	<b>\$1.36</b>	<b>\$12.40</b>	<b>\$0.29</b>
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%		\$129.59									

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data								
													Facility Score	Add-on Percent	Facility Specific	State-wide	Growth Allowance:	Qtrly BIMS score	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:			
													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> 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	\$6,954,862	\$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																						
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 43,852								43,852														
9	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												
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<b>1.7250</b>																				
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	\$16.66	\$16.31		\$23.35	\$3.70	\$20.90	\$1.98												
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	\$117.78	\$44.71	\$0.00	\$16.66	\$16.31		\$20.56	\$3.70	13.86	\$1.98												
											(FRV)													
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>																							
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allownc %	\$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		<b>1.6732</b>																				
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$84.81																				
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$165.04	\$84.81	\$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 ((Stand - 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	\$0.00	\$0.00												
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.85	\$0.85																				
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.70	\$1.70																				
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	\$20.81	\$3.08	\$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	\$185.85	\$87.89	\$0.00	\$19.11	\$18.90	\$0.00	\$40.41	\$3.70	\$13.86	\$1.98												
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$126.56																					

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

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>Provider: Kentwood</b> <b>Prvdr ID: 00143426A</b> Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20 Growth Allowance: N/A Qtrly BIMS score: 48.9% Nurse Hours per On-Site Day/Quality Incentive: 4.02 Facility Score: 5.5% Add-on Percent: 3.0% Base Period Overall CMI: 1.2689 Quarterly Medicaid CMI: 1.4720 Qtrly Mcaid CMI w RUG Wght Options: 1.4954 State-wide: 1.3617 State-wide: 1.4961 State-wide: 1.5223												
<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	\$5,032,878	\$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 Adjstmnts	(\$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									
8	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		1.4954								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.23								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$207.52	\$121.23	\$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 ((Stnd - Ahdw) 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 = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.67	\$6.67								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng 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	\$27.82	\$10.31	\$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	\$235.34	\$131.54	\$0.00	\$20.87	\$20.19	\$0.00	\$40.41	\$5.28	\$17.04	\$0.01
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$163.68									

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

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Provider: <b>Keysville Nursing Home and Rehab Ctr</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: <b>00141655A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.3131</b>					<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>2.89</b>		Qtrly BIMS score: <b>54.4%</b>	<b>5.5%</b>	Quarterly Medicaid CMI: <b>1.4194</b>					<b>1.4961</b>	
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.4466</b>					<b>1.5223</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	\$2,873,358	\$1,321,717	\$0	\$334,354	\$174,953	\$327,425	\$331,928	\$7,637	\$375,344	\$0
6	Audit Adjustments and Realocations to Cost Center Costs	FY12 C/R Audit Adjstms	(\$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	20,912									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 19,753								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 Case Mix Index for All Residents	from 4 qtrs of FY12		1.3131								
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 =	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 Case Mix Index for Medicaid Residents	per Current Qtr End		1.4466								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$79.26								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$158.15	\$79.26	\$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 (IStnd - 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 =	Ln 19 Col b x CPS Add-on	\$4.36	\$4.36								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	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	\$24.96	\$7.27	\$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	\$183.11	\$86.53	\$0.00	\$18.38	\$26.18	\$0.00	\$34.34	\$3.03	\$13.59	\$1.06
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$124.51									

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

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data					Facility Specific	State-wide
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related		
			a	b	c	d	e	f	g	g	h	i	
<b>Provider: Lafayette Nursing &amp; Rehab Center</b> <b>Prvdr ID: 00399737A</b> Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b> MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b> Add-on Data and Percentages: Growth Allowance: <b>N/A</b> , Qtrly BIMS score: <b>44.1%</b> , Nurse Hours per On-Site Day/Quality Incentive: <b>no data</b> Facility Score: <b>N/A</b> , Add-on Percent: <b>13.37%</b> , <b>2.5%</b> , <b>0.0%</b> Case Mix Index (CMI) Data: Base Period Overall CMI: <b>1.4871</b> , Quarterly Medicaid CMI: <b>1.3922</b> , Qtrly Mcaid CMI w RUG Wght Options: <b>1.4125</b> , <b>1.4871</b> , <b>1.3617</b> , <b>1.4961</b> , <b>1.5223</b>													
<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	\$9,256,560	\$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 Adjstmts	(\$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											
8	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 44,797								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 Case Mix Index 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	\$138.93	\$58.73	\$0.00	\$15.95	\$17.03		\$20.56	\$8.60	16.47	\$1.59	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage =	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	\$153.94	\$66.58	\$0.00	\$18.08	\$19.31	\$0.00	\$23.31	\$8.60	\$16.47	\$1.59	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.4125</b>									
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	\$181.40	\$94.04	\$0.00	\$18.08	\$19.31	\$0.00	\$23.31	\$8.60	\$16.47	\$1.59	
<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	\$0.00	\$0.00	
21	BIMS Add-on Per Diem =	Ln 19 Col b x CPS Add-on	\$2.35	\$2.35									
22	Nurse Staff Hrs / Quality Add-on Per Diem =	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	\$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	<b>\$202.01</b>	<b>\$96.92</b>	<b>\$0.00</b>	<b>\$18.30</b>	<b>\$19.72</b>	<b>\$0.00</b>	<b>\$40.41</b>	<b>\$8.60</b>	<b>\$16.47</b>	<b>\$1.59</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$138.68</b>										

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

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
Provider: <b>LaGrange Nurs, &amp; Rehab. Ctr.</b> Prvd ID: <b>00270245A</b> Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b> MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>			Add-on Data and Percentages Growth Allowance: <b>N/A</b> Qtrly BIMS score: <b>20.3%</b> Nurse Hours per On-Site Day/Quality Incentive: <b>2.92</b>				Facility Score: <b>N/A</b> Add-on Percent: <b>13.37%</b> Case Mix Index (CMI) Data Base Period Overall CMI: <b>1.4490</b> Quarterly Medicaid CMI: <b>1.5365</b> Qtrly Mcaid CMI w RUG Wght Options: <b>1.5668</b>				<b>1.4490</b>	<b>1.3617</b>
<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> 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	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		<u>1.4490</u>								
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 = <u>13.37%</u>	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		<u>1.5668</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$80.09								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$140.17	\$80.09	\$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 (Stnd - Awdl) 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	\$0.80	\$0.80								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$1.60	\$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	\$21.03	\$2.93	\$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	<b>\$161.20</b>	<b>\$83.02</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>\$108.08</b>									

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

FINAL

Provider: <b>Lake City Nursing &amp; Rehab Ctr.</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: <b>00141699A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>		<b>45.5%</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.6589</b>				<b>1.3617</b>	
		MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.14</b>		<b>5.5%</b>	<b>3.0%</b>	Quarterly Medicaid CMI: <b>1.6759</b>				<b>1.4961</b>	
								Qtrly Mcaid CMI w RUG Wght Options: <b>1.7080</b>				<b>1.5223</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)		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	\$11,284,046	\$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 Adjstmts	(\$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		81,185									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 83,030								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		<b>1.6589</b>									
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	\$0.96	
											(FRV)		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <b>13.37%</b>	Ln 14 x Grwth Allwnc %	\$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		<b>1.7080</b>									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.03									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$152.04	\$88.03	\$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 ((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 = <b>5.5%</b> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.84	\$4.84									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <b>3.0%</b> (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$2.64	\$2.64									
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	\$26.11	\$8.01	\$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	\$178.15	\$96.04	\$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	\$120.79										

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

FINAL

Provider: <b>Lake Crossing Heath Care</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: <b>00403939A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.2839</b>					<b>1.2839</b>	<b>1.3617</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		<b>45.0%</b>	<b>5.5%</b>	Quarterly Medicaid CMI: <b>1.4866</b>					<b>1.4866</b>	<b>1.4961</b>
				<b>3.05</b>	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.5152</b>					<b>1.5152</b>	<b>1.5223</b>
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskng	Plant Operatns & Maint	Admin 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	\$4,362,617	\$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 Adjstmts	(\$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	33,667									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 33,694								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	\$0.98
											(FRV)	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage =	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 Qtr End		<u>1.5152</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$75.91								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$144.12	\$75.91	\$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 - 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	\$4.18	\$4.18								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Slfng Add-on	\$2.28	\$2.28								
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	\$25.09	\$6.99	\$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>\$169.21</b>	<b>\$82.90</b>	<b>\$0.00</b>	<b>\$17.25</b>	<b>\$21.66</b>	<b>\$0.00</b>	<b>\$32.37</b>	<b>\$4.04</b>	<b>\$10.01</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>\$114.08</b>									

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

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Provider: <b>Lakeland Villa Convalescent Center</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
PvdID: <b>00141732A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.1323</b>					<b>1.3617</b>	
		MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Qtrly BIMS score: <b>27.6%</b>	<b>1.0%</b>	Quarterly Medicaid CMI: <b>1.1204</b>					<b>1.4961</b>	
				Nurse Hours per On-Site Day/Quality Incentive: <b>4.37</b>	<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.1362</b>					<b>1.5223</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	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	\$3,392,308	\$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								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,646	FY 18 GL-PL Ins Rpt Days							21,646		
9	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
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1323								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.42								
12	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
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	\$173.07	\$68.42	\$0.00	\$29.15	\$19.66		\$17.24	\$4.40	34.00 (FRV)	\$0.20
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage =	13.37%	Ln 14 x Grwth Allwnc %	\$17.98	\$9.15	\$0.00	\$3.90	\$2.63	\$0.00	\$2.30	N/A	N/A
16	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
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1362								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.14								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$201.62	\$88.14	\$0.00	\$33.05	\$22.29	\$0.00	\$19.54	\$4.40	\$34.00	\$0.20
<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)	\$1.31	\$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	\$0.88	\$0.88							
22	Nurse Staff Hrs / Quality Add-on Per Diem =	2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.76	\$1.76							
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	\$21.05	\$3.17	\$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	\$222.67	\$91.31	\$0.00	\$33.05	\$22.70	\$0.00	\$37.01	\$4.40	\$34.00	\$0.20
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$154.18									



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

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL 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	\$3,014,201	\$1,482,885	\$0	\$281,416	\$161,523	\$251,626	\$429,919	\$57,286	\$349,546	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$12,330)	(\$570)	\$0	(\$1,815)	\$0	\$218	(\$12,206)		(\$31,510)	\$33,553
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,001,871	\$1,482,315	\$0	\$279,601	\$161,523	\$251,844	\$417,713	\$57,286	\$318,036	\$33,553
8	Total Nursing Facility Days As Filed Days = 21,338	FY12 Audited C/R Days	21,338									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,292	FY 18 GL-PL Ins Rpt Days								21,292		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$140.68	\$69.47	\$0.00	\$13.10	\$19.37	(with L&H)	\$19.58	\$2.69	\$14.90	\$1.57
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3504								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$51.45								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$51.45	\$0.00	\$13.10	\$19.37		\$19.58	\$2.69	\$14.90	\$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	\$122.48	\$51.45	\$0.00	\$13.10	\$19.37		\$19.58	\$2.69	14.72 (FRV)	\$1.57
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$13.84	\$6.88	\$0.00	\$1.75	\$2.59	\$0.00	\$2.62	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$136.32	\$58.33	\$0.00	\$14.85	\$21.96	\$0.00	\$22.20	\$2.69	\$14.72	\$1.57
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7658								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.00								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$180.99	\$103.00	\$0.00	\$14.85	\$21.96	\$0.00	\$22.20	\$2.69	\$14.72	\$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)	\$1.53	\$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	\$1.03	\$1.03								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sffng Add-on	\$3.09	\$3.09								
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	\$22.75	\$4.65	\$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	\$203.74	\$107.65	\$0.00	\$15.07	\$22.37	\$0.00	\$39.67	\$2.69	\$14.72	\$1.57
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$139.98									

Quarterly Case Mix Per Diem Calculation

Provider: Legacy Nursing Home	<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: 00415522A	Growth Allowance:		N/A	13.37%	Base Period Overall CMI:			1.2012	1.3617
H/B ? : No	Case Mix Per Diem Rate Effective Date: 07/01/20	BIMS:	46.3%	5.5%	Quarterly Medicaid CMI:			1.2326	1.4961
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20	Nurse Hours per On-Site Day/Quality Incentive: 4.24		3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.2532	1.5223	

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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										
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								\$ 35,074		
	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
	<u>Allowed @ 95% of Std</u>		\$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			<u>1.2532</u>								
	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$96.51							(FRV Rate)	
	Quarterly Medicaid CMA Allowed Per Diem		\$205.01	\$96.51		\$19.83	\$24.87		\$22.14	\$3.49	\$37.45	\$0.72
	<b>Quarterly Per Diem Add-On Amounts</b>											
	BIMS Add-on Per Diem = 5.5% o Routine Svcs)		\$5.31	\$5.31								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$2.90	\$2.90								
	Nursing Home Provider Fee		\$17.10						17.10			
	<b>Total Quarterly Per Diem Add-On Amounts</b>		\$25.30									
	<b>Quarterly Case Mix Based Per Diem Rate</b>		\$230.32	\$104.72		\$19.83	\$24.87		\$39.24	\$3.49	\$37.45	\$0.72
	<b>Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%</b>		\$159.91									

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>7/1/2020</b>		Growth Allowance: <b>N/A</b>		<b>35.2%</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.3485</b>				<b>1.3617</b>	
		MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>2.72</b>		<b>3.0%</b>	Quarterly Medicaid CMI: <b>1.3578</b>				<b>1.4961</b>		
							Qtrly Mcaid CMI w RUG Wght Options: <b>1.3798</b>				<b>1.5223</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	\$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 Adjstmts	(\$1,188,497)	(\$483,423)	\$0	(\$34,284)	(\$12,529)	\$39,316	(\$777,786)		(\$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											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 63,434											
9	Net Per Diems prior to Case Mix Adjstmt 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 Adjstmt 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 =	Ln 14 x Grwth Allwnc %	\$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				1.3798							
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$80.06									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$156.90	\$80.06	\$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 (Stand - 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 =	Ln 19 Col b x CPS Add-on	\$2.00	\$2.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem =	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	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$179.93	\$84.99	\$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	\$122.12										

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 Gwinnett</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: <b>00370873A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.4103</b>					<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		<b>36.0%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.3268</b>					<b>1.4961</b>	
				<b>3.27</b>	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.3471</b>					<b>1.5223</b>	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskng	Plant Operatns & Maint	Admin 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	\$8,665,058	\$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	54,727									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 43,590								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		<b>1.4103</b>								
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 =	Ln 14 x Grwth Allwnc %	\$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		<b>1.3471</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.29								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$175.92	\$100.29	\$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 (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 =	Ln 19 Col b x CPS Add-on	\$2.51	\$2.51								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$3.01	\$3.01								
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	\$23.78	\$6.05	\$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	\$199.70	\$106.34	\$0.00	\$19.06	\$19.33	\$0.00	\$40.41	\$2.96	\$10.33	\$1.27
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$136.95									

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>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: <b>00818914A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>		<b>22.2%</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.5316</b>				<b>1.3617</b>	<b>1.3617</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>4.17</b>		Qltry BIMS score: <b>22.2%</b>		<b>1.0%</b>	Quarterly Medicaid CMI: <b>1.2375</b>				<b>1.4961</b>	<b>1.4961</b>	
				Qltry Mcaid CMI w RUG Wght Options: <b>1.2517</b>								<b>1.5223</b>	<b>1.5223</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	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	\$8,295,559	\$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 Adjstmts	(\$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	42,756										
8	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 30,867								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 Case Mix Index 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 Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.2517</b>									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.54									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$186.32	\$95.54	\$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 - 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	\$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	\$0.96	\$0.96									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$2.87	\$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	\$21.87	\$4.36	\$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	\$208.19	\$99.90	\$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	\$143.32										

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

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Provider: <b>Life Care Center, Inc.</b>				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: <b>00140665A</b>				32.4%	13.37%	Base Period Overall CMI:				1.3801	1.3617
	Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>			Qtrly BIMS score	2.5%	Quarterly Medicaid CMI:				1.3775	1.4961
	MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive:	2.90	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.4009	1.5223

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> <b>Peer Group Standards &amp; Efficiency Measure Limits</b>	(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	<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	\$4,179,568	\$1,853,074	\$0	\$442,479	\$291,252	\$313,011	\$680,464	\$34,919	\$564,369	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$59,398)	\$0	\$0	\$0	\$0	\$0	(\$106,812)		(\$18,285)	\$65,699
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,120,170	\$1,853,074	\$0	\$442,479	\$291,252	\$313,011	\$573,652	\$34,919	\$546,084	\$65,699
8	Total Nursing Facility Days	As Filed Days = 38,520	38,520									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 40,869										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	FY 18 GL-PL Ins Rpt Days	\$106.92	\$48.11	\$0.00	\$11.49	\$15.69	(with L&H)	\$14.89	40,869	\$14.18	\$1.71
10	Base Period Facility Case Mix Index for All Residents	Ln 7 / Ln 8 Col a		1.3801								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$34.86								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$34.86	\$0.00	\$11.49	\$15.69		\$14.89	\$0.85	\$14.18	\$1.71
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	\$92.70	\$34.86	\$0.00	\$11.49	\$15.69		\$14.89	\$0.85	13.21	\$1.71
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$10.29	\$4.66	\$0.00	\$1.54	\$2.10	\$0.00	\$1.99	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$102.99	\$39.52	\$0.00	\$13.03	\$17.79	\$0.00	\$16.88	\$0.85	\$13.21	\$1.71
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4009								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$55.36								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$118.83	\$55.36	\$0.00	\$13.03	\$17.79	\$0.00	\$16.88	\$0.85	\$13.21	\$1.71
<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	\$1.38	\$1.38								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (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	\$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	\$140.50	\$58.93	\$0.00	\$13.25	\$18.20	\$0.00	\$34.35	\$0.85	\$13.21	\$1.71
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$92.55									
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

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$4,412,648	\$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 Adjstmnts	(\$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									
	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.3539</u>								
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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.5847</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.33								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$153.22	\$88.33	\$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 ((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	\$4.86	\$4.86								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.65	\$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	\$26.14	\$8.04	\$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>\$179.36</b>	<b>\$96.37</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>\$121.70</b>									

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

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Provider: <b>Lumber City Nurs. &amp; Rehab. Ctr.</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: <b>00270256A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>		<b>37.9%</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.7031</b>				<b>1.3617</b>	
		MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>2.66</b>		<b>3.9%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.5480</b>				<b>1.4961</b>	
						<b>2.66</b>	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.5743</b>				<b>1.5223</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)		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	\$4,349,757	\$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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<b>1.7031</b>									
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 = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.5743</b>									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$70.61									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$137.20	\$70.61	\$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 = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.77	\$1.77									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$2.12	\$2.12									
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	\$22.52	\$4.42	\$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	\$159.72	\$75.03	\$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	\$106.97										

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

FINAL

Provider: <b>Lynn Haven 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>00083036A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.3693</b>					<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.45</b>		Qltry BIMS score: <b>53.7%</b>	<b>5.5%</b>	Quarterly Medicaid CMI: <b>1.5380</b>					<b>1.4961</b>	
				Qltry Mcaid CMI w RUG Wght Options: <b>1.5671</b>	<b>3.0%</b>						<b>1.5223</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	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 Adjstms	(\$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	\$88.59	\$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		<u>1.3693</u>								
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 = <u>13.37%</u>	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		<u>1.5671</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.95								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193.59	\$114.95	\$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 (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	\$6.32	\$6.32								
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	\$28.40	\$10.30	\$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	\$221.99	\$125.25	\$0.00	\$18.34	\$22.70	\$0.00	\$39.45	\$3.23	\$12.04	\$0.98
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$153.67									

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

FINAL

Provider: <b>Madison Hlth &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>00083278A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.3682</b>					<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score: <b>61.0%</b>	<b>5.5%</b>	Quarterly Medicaid CMI: <b>1.5223</b>					<b>1.4961</b>	
				3.27	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.5529</b>					<b>1.5223</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	\$3,436,321	\$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	24,271									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 25,267								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		<b>1.3682</b>								
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 =	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		<b>1.5529</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.66								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$171.77	\$93.66	\$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 (Stand - 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 =	Ln 19 Col b x CPS Add-on	\$5.15	\$5.15								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng 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	\$25.96	\$8.49	\$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	\$197.73	\$102.15	\$0.00	\$20.87	\$26.18	\$0.00	\$33.70	\$3.46	\$9.76	\$1.61
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$135.47									

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

FINAL

Provider: <b>Magnolia Manor Columbus East</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00083047A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.5222</b>				<b>1.5222</b>	<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.17</b>		Qtrly BIMS score: <b>16.7%</b>	<b>0.0%</b>	Quarterly Medicaid CMI: <b>1.6357</b>				<b>1.6357</b>	<b>1.4961</b>	
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.6681</b>				<b>1.6681</b>	<b>1.5223</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	\$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 Adjstmts	(\$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 =	Ln 14 x Grwth Allwnc %	\$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		1.6681								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.15								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$179.84	\$100.15	\$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 (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 =	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Slfng 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	\$21.26	\$3.53	\$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>\$201.10</b>	<b>\$103.68</b>	<b>\$0.00</b>	<b>\$20.30</b>	<b>\$23.21</b>	<b>\$0.00</b>	<b>\$40.41</b>	<b>\$3.34</b>	<b>\$9.72</b>	<b>\$0.44</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$138.00</b>									

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

FINAL

Provider: <b>Magnolia Manor Columbus West</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: <b>00083124A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.3234</b>					<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.00</b>		Qtrly BIMS score: <b>49.5%</b>	<b>5.5%</b>	Quarterly Medicaid CMI: <b>1.6431</b>					<b>1.4961</b>	
					<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.6751</b>					<b>1.5223</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)		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	\$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 Adjstmnts	(\$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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.3234</u>								
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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.6751</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.55								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$170.00	\$99.55	\$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 ((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	\$5.48	\$5.48								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.99	\$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	\$26.10	\$8.00	\$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	\$196.10	\$107.55	\$0.00	\$18.48	\$22.65	\$0.00	\$33.36	\$2.89	\$10.45	\$0.72
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$134.25									

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>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.2265</b>					<b>1.2265</b>	<b>1.3617</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.33</b>		Qtrly BIMS score: <b>30.2%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.6542</b>					<b>1.6542</b>	<b>1.4961</b>
				Qtrly Mcaid CMI w RUG Wght Options: <b>3.0%</b>							<b>1.6874</b>	<b>1.5223</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	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 Adjstms	(\$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	21,445									
9	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,966								21,966		
9	Net Per Diems prior to Case Mix Adjstmt 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		<u>1.2265</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$51.59								
12	Net Per Diems after Case Mix Adjstmt 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 = <u>13.37%</u>	Ln 14 x Grwth Allow %	\$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		<u>1.6874</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.70								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193.20	\$98.70	\$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 (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>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.47	\$2.47								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.96	\$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	\$23.65	\$5.96	\$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	\$216.85	\$104.66	\$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	\$149.81									

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

FINAL

Provider: <b>Magnolia Manor St. Simons</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: <b>00141402A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.2961</b>					<b>1.2961</b>	<b>1.3617</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		<b>50.7%</b>	<b>5.5%</b>	Quarterly Medicaid CMI: <b>1.4726</b>					<b>1.4726</b>	<b>1.4961</b>
				<b>2.79</b>	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.4998</b>					<b>1.4998</b>	<b>1.5223</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)		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 Adjstms	(\$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 Adjstmt 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 Case Mix Index for All Residents	from 4 qtrs of FY12		<b>1.2961</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.25								
12	Net Per Diems after Case Mix Adjstmt 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	\$3.63
											(FRV)	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$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 Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.4998</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.74								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.83	\$100.74	\$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 (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	\$5.54	\$5.54								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Sflng Add-on	\$3.02	\$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	\$27.19	\$9.09	\$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	\$202.02	\$109.83	\$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	\$138.69									

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

FINAL

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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 Adjstms	(\$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	FY12 Audited C/R Days	69,699								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 63,134	FY 18 GL-PL Ins Rpt Days							63,134		
9	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
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3316								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.38								
12	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
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	\$125.09	\$55.38	\$0.00	\$14.24	\$18.42		\$14.77	\$3.00	18.75 (FRV)	\$0.53
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage =	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
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$138.82	\$62.78	\$0.00	\$16.14	\$20.88	\$0.00	\$16.74	\$3.00	\$18.75	\$0.53
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6210								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.77								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.81	\$101.77	\$0.00	\$16.14	\$20.88	\$0.00	\$16.74	\$3.00	\$18.75	\$0.53
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem (SInd - Alwq) 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	\$2.54	\$2.54								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$3.05	\$3.05								
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	\$7.12	\$6.12	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$184.93	\$107.89	\$0.00	\$16.36	\$21.29	\$0.00	\$17.11	\$3.00	\$18.75	\$0.53
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$138.70									

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

FINAL

Provider: <b>Manor Care Rehab Ctr of Marietta</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: <b>00236211A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>		<b>5.3%</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.6382</b>				<b>1.6382</b>	<b>1.3617</b>
		MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>5.11</b>		<b>0.0%</b>	<b>2.0%</b>	Quarterly Medicaid CMI: <b>1.1410</b>				<b>1.1410</b>	<b>1.4961</b>
								Qtrly Mcaid CMI w RUG Wght Options: <b>1.1537</b>				<b>1.1537</b>	<b>1.5223</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)		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	40,191										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 39,639								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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<b>1.6382</b>									
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	\$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 %	\$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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.1537</b>									
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	\$177.80	\$87.00	\$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 (Stnd - Ahdw) 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>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$1.74	\$1.74									
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	\$19.78	\$2.27	\$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>\$197.58</b>	<b>\$89.27</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>\$135.36</b>										

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

FINAL

Provider: <b>Manor Care Rehab Ctr of Decatur</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: <b>00159266A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.6688</b>					<b>1.6688</b>	<b>1.3617</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		<b>22.6%</b>	<b>1.0%</b>	Quarterly Medicaid CMI: <b>1.2146</b>					<b>1.2146</b>	<b>1.4961</b>
				<b>5.06</b>	<b>1.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.2305</b>					<b>1.2305</b>	<b>1.5223</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)		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	\$8,625,627	\$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	45,284									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 41,247								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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.6688</u>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.37%</u>	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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.2305</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.36								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$162.94	\$82.36	\$0.00	\$20.87	\$19.17	\$0.00	\$23.31	\$3.94	\$11.75	\$1.54
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem (Stnd - Ahd) 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>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.82	\$0.82								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$0.82	\$0.82								
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	\$19.68	\$2.17	\$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>\$182.62</b>	<b>\$84.53</b>	<b>\$0.00</b>	<b>\$20.87</b>	<b>\$19.58</b>	<b>\$0.00</b>	<b>\$40.41</b>	<b>\$3.94</b>	<b>\$11.75</b>	<b>\$1.54</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$124.14</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>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: <b>00534619A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.2349</b>					<b>1.2349</b>	<b>1.3617</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.84</b>		Qtrly BIMS score: <b>34.2%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.5624</b>					<b>1.5624</b>	<b>1.4961</b>
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.5903</b>					<b>1.5903</b>	<b>1.5223</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	\$3,943,033	\$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									
9	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 Adjstmt 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 Case Mix Index for All Residents	from 4 qtrs of FY12		1.2349								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.67								
12	Net Per Diems after Case Mix Adjstmt 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	\$1.67
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	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 Case Mix Index for Medicaid Residents	per Current Qtr End		1.5903								
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	\$197.81	\$111.19	\$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 - Awd) 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	\$2.78	\$2.78								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.34	\$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	\$24.16	\$6.65	\$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	\$221.97	\$117.84	\$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	\$153.65									

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

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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>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.1896</b>					<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.53</b>		Qtrly BIMS score: <b>31.4%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.5028</b>					<b>1.4961</b>	
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.5304</b>					<b>1.5223</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)		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	\$5,454,848	\$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 Adjstmnts	(\$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	45,488									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 40,423								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		<u>1.1896</u>								
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	\$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 %	\$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		<u>1.5304</u>								
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	\$162.85	\$96.29	\$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 = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.41	\$2.41								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.89	\$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	\$23.93	\$5.83	\$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	\$186.78	\$102.12	\$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	\$127.26									

Quarterly Case Mix Per Diem Calculation

Provider: Meadow Park H&R	<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: 003167911A	Growth Allowance:		N/A	13.37%	Base Period Overall CMI:			Use Stwd	1.3617
H/B ? : No	Case Mix Per Diem Rate Effective Date: 07/01/20	BIMS:	25.9%	1.0%	Quarterly Medicaid CMI:			1.8081	1.4961
	MDS & Nurse Hrs Data per Quarter Ending: 03/31/20	Nurse Hours per On-Site Day/Quality Incentive:	4.04	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.8416	1.5223

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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								\$ 71,803		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								26,195		
	Standard Per Diem (After CMA for Routine Svcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$30.58	\$6.74
	<u>Allowed @ 95% of Std</u>		\$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			<b>1.8416</b>								
	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$141.83							(FRV Rate)	
	Quarterly Medicaid CMA Allowed Per Diem		\$248.73	\$141.83		\$19.83	\$24.87		\$22.14	\$2.74	\$30.58	\$6.74
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 1.0% of Routine Svcs)		\$1.42	\$1.42								
	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%		\$2.84	\$2.84								
	Nursing Home Provider Fee		\$17.10						17.10			
	<b>Total Quarterly Per Diem Add-On Amounts</b>		\$21.35									
	<b>Quarterly Case Mix Based Per Diem Rate</b>		\$270.08	\$146.08		\$19.83	\$24.87		\$39.24	\$2.74	\$30.58	\$6.74
	<b>Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%</b>	\$189.74										

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

FINAL

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$7,268,382	\$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 Adjstms	(\$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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$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		1.8720								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.89								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$176.69	\$99.89	\$0.00	\$15.88	\$20.95	\$0.00	\$22.84	\$0.96	\$14.07	\$2.10
<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)	\$1.47	\$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	\$5.49	\$5.49								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.00	\$2.00								
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	\$26.06	\$8.02	\$0.00	\$0.22	\$0.41	\$0.00	\$17.41	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$202.75</b>	<b>\$107.91</b>	<b>\$0.00</b>	<b>\$16.10</b>	<b>\$21.36</b>	<b>\$0.00</b>	<b>\$40.25</b>	<b>\$0.96</b>	<b>\$14.07</b>	<b>\$2.10</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$139.24</b>									

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

FINAL

Provider: <b>Medical Management H &amp; R</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>00141941A</b>	Case Mix Per Diem Rate Effective Date: <b>07/01/20</b>	Growth Allowance: <b>N/A</b>	N/A	13.37%	Base Period Overall CMI: <b>1.4091</b>			1.4091	1.3699
	MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>	Qtrly BIMS score: <b>33.8%</b>	33.8%	2.5%	Quarterly Medicaid CMI: <b>1.6443</b>			1.6443	1.4961
		Nurse Hours per On-Site Day/Quality Incentive: <b>2.74</b>	2.74	3.0%	Qtrly Mcaid CMI w RUG Wght Options: <b>1.6763</b>			1.6763	1.5223

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	1	2	1	1	1			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	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 FY13 C/R	\$2,955,724	\$1,485,097	\$0	\$336,529	\$201,461	\$220,442	\$438,213	\$18,189	\$255,793	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts (\$14,060)		\$0	\$0	\$0	\$0	\$0	(\$14,060)		(\$53,045)	\$53,045
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$2,941,664	\$1,485,097	\$0	\$336,529	\$201,461	\$220,442	\$424,153	\$18,189	\$202,748	\$53,045
8	Total Nursing Facility Days As Filed Days = 31,340	FY13 Audited C/R Days	31,340									
	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 Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$93.87	\$47.39	\$0.00	\$10.74	\$13.46	(with L&H)	\$13.53	\$0.59	\$6.47	\$1.69
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.4091								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$33.63								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$33.63	\$0.00	\$10.74	\$13.46		\$13.53	\$0.59	\$6.47	\$1.69
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	\$81.24	\$33.63	\$0.00	\$10.74	\$13.46		\$13.53	\$0.59	7.60 (FRV)	\$1.69
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Allwnc %	\$9.55	\$4.50	\$0.00	\$1.44	\$1.80	\$0.00	\$1.81	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$90.79	\$38.13	\$0.00	\$12.18	\$15.26	\$0.00	\$15.34	\$0.59	\$7.60	\$1.69
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6763								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$63.92								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$116.58	\$63.92	\$0.00	\$12.18	\$15.26	\$0.00	\$15.34	\$0.59	\$7.60	\$1.69
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - 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	\$1.60	\$1.60								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.92	\$1.92								
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	\$22.15	\$4.05	\$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	\$138.73	\$67.97	\$0.00	\$12.40	\$15.67	\$0.00	\$32.81	\$0.59	\$7.60	\$1.69
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$91.22									
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>Memorial 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>00141919A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.2378</b>				<b>1.2378</b>	<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.32</b>		Qtrly BIMS score: <b>34.5%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.3613</b>				<b>1.3613</b>	<b>1.4961</b>	
					<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.3837</b>				<b>1.3837</b>	<b>1.5223</b>	
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	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	\$5,807,259	\$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		<b>1.2378</b>								
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 = <b>13.37%</b>	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 Qtr End		<b>1.3837</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.91								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.68	\$94.91	\$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 (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 = <b>2.5%</b> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.37	\$2.37								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <b>2.0%</b> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.90	\$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	\$22.68	\$4.80	\$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	\$201.36	\$99.71	\$0.00	\$33.05	\$23.55	\$0.00	\$35.92	\$0.25	\$8.47	\$0.41
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$138.20									

Quarterly Case Mix Per Diem Calculation

Provider: <b>Miller Nursing Home</b> Prvdr ID: <b>00141996A</b> H/B ? : Yes      Case Mix Per Diem Rate Effective Date: <b>07/01/20</b> MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>			<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: 55.5% Nurse Hours per On-Site Day/Quality Incentive: 5.33			Facility Score: N/A Add-on Percent: 13.37% 5.5% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.5198 Quarterly Medicaid CMI: 2.1996 Qtrly Mcaid CMI w RUG Wght Options: 2.2421				Facility Specific: 1.5198 2.1996 2.2421	State-wide: 1.3617 1.4961 1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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	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			
	<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								\$ 38,601		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								18,105		
	Standard Per Diem (After CMA for Routine Srvc)	FY 2012 Peer Group Limit		\$71.51		\$29.15	\$23.09		\$20.56		\$21.44	\$0.29
	<u>Allowed @ 95% of Std</u>		\$158.82	\$67.93		\$27.69	\$21.94		\$19.53		\$21.44	\$0.29
	Growth Allowance 13.4%		\$18.33	\$9.08		\$3.70	\$2.93		\$2.61			
	CMA Allowed Per Diem (After Growth Allowance)		\$179.88	\$77.01		\$31.39	\$24.87		\$22.14	\$ 2.73	\$21.44	\$0.29
	Quarterly Facility Case Mix Index for Medicaid Residents			<b>2.2421</b>							(FRV Rate)	
	Qrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem			\$172.67								
	Quarterly Medicaid CMA Allowed Per Diem		\$275.54	\$172.67		\$31.39	\$24.87		\$22.14	\$2.73	\$21.44	\$0.29
	<b>Quarterly Per Diem Add-On Amounts</b>											
	BIMS Add-on Per Diem = 5.5% o Routine Srvc)		\$9.50	\$9.50								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$5.18	\$5.18								
	Nursing Home Provider Fee		\$17.10						17.10			
	<b>Total Quarterly Per Diem Add-On Amounts</b>		\$31.78									
	<b>Quarterly Case Mix Based Per Diem Rate</b>		<b>\$307.31</b>	<b>\$187.35</b>		<b>\$31.39</b>	<b>\$24.87</b>		<b>\$39.24</b>	<b>\$2.73</b>	<b>\$21.44</b>	<b>\$0.29</b>
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%		\$217.66									

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

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Provider: <b>Miona Geriatric &amp; Dementia Ctr</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00141578A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.1439</b>				<b>1.1439</b>	<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.77</b>		Qtrly BIMS score: <b>55.3%</b>	<b>5.5%</b>	Quarterly Medicaid CMI: <b>1.8288</b>				<b>1.8288</b>	<b>1.4961</b>	
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.8641</b>				<b>1.8641</b>	<b>1.5223</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	\$3,300,389	\$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									
	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 Alhwnc %	\$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		1.8641								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.25								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$161.81	\$100.25	\$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 (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 = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.51	\$5.51								
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)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.15	\$9.05	\$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	\$188.96	\$109.30	\$0.00	\$16.57	\$16.70	\$0.00	\$34.00	\$1.63	\$9.89	\$0.87
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$128.90									

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

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Provider: <b>Mitchell Convalescent Center</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: <b>00142018A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.3464</b>					<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.83</b>		Qtrly BIMS score: <b>33.3%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.3914</b>					<b>1.4961</b>	
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.4126</b>					<b>1.5223</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	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	\$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		1.3464								
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 = 13.37%	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		1.4126								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.47								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$182.31	\$88.47	\$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 (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	
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	\$22.49	\$5.39	\$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	\$204.80	\$93.86	\$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	\$140.78									

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

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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</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	\$4,316,663	\$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 Adjstms	(\$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	27,011									
9	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 29,343								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 Case Mix Index for All Residents	from 4 qtrs of FY12		1.2929								
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 =	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 Case Mix Index for Medicaid Residents	per Current Qtr End		1.5678								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.42								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.18	\$110.42	\$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 ([(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 =	Ln 19 Col b x CFS Add-on	\$6.07	\$6.07								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Slfng Add-on	\$2.21	\$2.21								
23	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	\$8.81	\$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	\$208.09	\$119.23	\$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	\$143.24									

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

FINAL

Provider: <b>Mountain View Health and Rehab Center</b>			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00143184A</b>	Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI:			<b>1.4052</b>	<b>1.3617</b>
	MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Qtrly BIMS score	<b>1.0%</b>	Quarterly Medicaid CMI:			<b>1.3698</b>	<b>1.4961</b>
		Nurse Hours per On-Site Day/Quality Incentive:	<b>2.80</b>	<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options:			<b>1.4133</b>	<b>1.5223</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>	(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	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	\$4,104,222	\$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										
9	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 33,081										
10	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	FY12 Audited C/R Days	\$111.29	\$58.07	\$0.00	\$12.54	\$17.04	(with L&H)	\$15.42	33,081	\$7.17	\$0.46
11	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<b>1.4052</b>								
12	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$41.32								
13	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
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	\$94.88	\$41.32	\$0.00	\$12.54	\$17.04		\$15.42	\$0.59	7.51	\$0.46
16	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
17	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Althnc %	\$11.54	\$5.52	\$0.00	\$1.68	\$2.28	\$0.00	\$2.06	N/A	N/A	N/A
18	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
19	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.4133</b>								
20	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$66.20								
21	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$125.78	\$66.20	\$0.00	\$14.22	\$19.32	\$0.00	\$17.48	\$0.59	\$7.51	\$0.46
<b>Quarterly Per Diem Add-on Amounts</b>												
22	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	
23	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.66	\$0.66								
24	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.32	\$1.32								
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	\$20.61	\$2.51	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
27	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$146.39	\$68.71	\$0.00	\$14.44	\$19.73	\$0.00	\$34.95	\$0.59	\$7.51	\$0.46
28	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$96.97									
29	Minimum Quarterly Case Mix Based Per Diem Rate		\$147.00									
30	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>Muscogee Manor &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>00083223A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.2862</b>				<b>1.2862</b>	<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>5.31</b>		Qtrly BIMS score: <b>40.0%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.5254</b>				<b>1.5254</b>	<b>1.4961</b>	
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.5526</b>				<b>1.5526</b>	<b>1.5223</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	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 Adjstmts	(\$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 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	\$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		1.5526								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$125.87								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$230.62	\$125.87	\$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 ((SInd - 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	\$0.00	\$0.00
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.15	\$3.15								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.78	\$3.78								
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	\$24.03	\$6.93	\$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	\$254.65	\$132.80	\$0.00	\$33.05	\$26.18	\$0.00	\$40.41	\$3.13	\$18.76	\$0.32
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$178.16									

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

FINAL

Provider: <b>Nancy Hart Nursing Center</b>			Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State-wide
Prvdr ID: <b>00141336A</b>							
Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.2652</b>	<b>1.3617</b>		
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Qtrly BIMS score: <b>23.5%</b>	<b>1.0%</b>	Quarterly Medicaid CMI: <b>1.1514</b>	<b>1.4961</b>		
		Nurse Hours per On-Site Day/Quality Incentive: <b>3.36</b>	<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.1701</b>	<b>1.5223</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>	(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	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	\$2,678,272	\$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 Adjstmnts	(\$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	22,951									
9	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 18,642								18,642		
10	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a from 4 qtrs of FY12	\$115.24	\$55.57	\$0.00	\$14.74	\$16.49	(with L&H)	\$17.99	\$3.09	\$6.07	\$1.29
11	Base Period Facility Case Mix Index for All Residents			<b>1.2652</b>								
12	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$43.92								
13	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9 per Peer Group Limits		\$43.92	\$0.00	\$14.74	\$16.49		\$17.99	\$3.09	\$6.07	\$1.29
14	Per Diem Standards (After Statewide CMA for Routine Svcs)	Lesser of Ln 12 or Ln 13		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
15	Base Period Case Mix Adjusted Allowed Per Diem		\$104.66	\$43.92	\$0.00	\$14.74	\$16.49		\$17.99	\$3.09	7.14	\$1.29
16	Quarterly Per Diem Rate Prior to Add-ons											(FRV)
17	Growth Allowance Percentage = <b>13.37%</b>	Ln 14 x Grwth Allwnc %	\$12.45	\$5.87	\$0.00	\$1.97	\$2.20	\$0.00	\$2.41	N/A	N/A	N/A
18	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
19	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.1701</b>								
20	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$58.26								
21	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$125.58	\$58.26	\$0.00	\$16.71	\$18.69	\$0.00	\$20.40	\$3.09	\$7.14	\$1.29
<b>Quarterly Per Diem Add-on Amounts</b>												
22	Efficiency Add-on Per Diem (SInd - Atwdj) 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 = <b>1.0%</b> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.58	\$0.58								
24	Nurse Staff Hrs / Quality Add-on Per Diem = <b>2.0%</b> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.17	\$1.17								
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	\$20.38	\$2.28	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
27	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$145.96	\$60.54	\$0.00	\$16.93	\$19.10	\$0.00	\$37.87	\$3.09	\$7.14	\$1.29
28	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$96.65									
29	Minimum Quarterly Case Mix Based Per Diem Rate		\$147.00									
30	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>New Horizons Limestone</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: <b>00142007A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>		<b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.2251</b>				<b>1.2251</b>	<b>1.3617</b>
		MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.90</b>		<b>16.9%</b>	<b>0.0%</b>	Quarterly Medicaid CMI: <b>1.2120</b>				<b>1.2120</b>	<b>1.4961</b>
						<b>3.90</b>	<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.2294</b>				<b>1.2294</b>	<b>1.5223</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	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		1.2294									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.67									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$186.46	\$99.67	\$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 - Ahdw) 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 = 2.0% (to Routine Svcs)	Ln 19 Col b x Slfng 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	\$19.31	\$1.99	\$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	\$205.77	\$101.66	\$0.00	\$23.36	\$26.18	\$0.00	\$40.41	\$1.50	\$12.54	\$0.12	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$141.50										

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

FINAL

Provider: <b>New Horizons Lanier Park</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00141072A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.2324</b>				<b>1.3617</b>		
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		Qlirty BIMS score: <b>35.3%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.1306</b>				<b>1.4961</b>		
				3.73	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.1444</b>				<b>1.5223</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>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	\$7,482,558	\$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 Adjstmts	(\$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 Case Mix Index for All Residents	from 4 qtrs of FY12		<b>1.2324</b>								
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 = <b>13.37%</b>	Ln 14 x Grwth Allow %	\$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 Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.1444</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.78								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.37	\$92.78	\$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 ((Std - 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 = <b>2.5%</b> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.32	\$2.32								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <b>3.0%</b> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.78	\$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	\$22.63	\$5.10	\$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	<b>\$211.00</b>	<b>\$97.88</b>	<b>\$0.00</b>	<b>\$24.35</b>	<b>\$26.07</b>	<b>\$0.00</b>	<b>\$40.41</b>	<b>\$1.44</b>	<b>\$20.76</b>	<b>\$0.09</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$145.43</b>									



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

FINAL

Provider: <b>Newnan Hosp. Health &amp; Rehab Ctr</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: <b>00040719A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>		<b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.2207</b>				<b>1.2207</b>	<b>1.3617</b>
		MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.94</b>		<b>26.7%</b>	<b>1.0%</b>	Quarterly Medicaid CMI: <b>1.3891</b>				<b>1.3891</b>	<b>1.4961</b>
						<b>3.94</b>	<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.4125</b>				<b>1.4125</b>	<b>1.5223</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)		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	\$7,868,327	\$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										
9	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		1.4125									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.40									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$185.08	\$109.40	\$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 ((Std - 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 = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.09	\$1.09									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.19	\$2.19									
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	\$21.91	\$3.81	\$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	\$206.99	\$113.21	\$0.00	\$18.50	\$20.88	\$0.00	\$37.72	\$3.17	\$12.59	\$0.92	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$142.42										

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

FINAL

Provider: <b>National Health Care of Rossville</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: <b>00083146A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.3032</b>					<b>1.3617</b>	
		MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Qtrly BIMS score: <b>16.5%</b>	<b>0.0%</b>	Quarterly Medicaid CMI: <b>1.2775</b>					<b>1.4961</b>	
				Nurse Hours per On-Site Day/Quality Incentive: <b>3.93</b>	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.2986</b>					<b>1.5223</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)		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		
9	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
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3032								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.86								
12	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
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	\$129.55	\$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>												
15	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
16	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
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2986								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.54								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$166.15	\$92.54	\$0.00	\$17.24	\$18.18	\$0.00	\$23.31	\$4.60	\$9.27	\$1.01
<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	\$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 Slfng 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	\$21.04	\$3.31	\$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	\$187.19	\$95.85	\$0.00	\$17.46	\$18.59	\$0.00	\$40.41	\$4.60	\$9.27	\$1.01
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$127.57									

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

FINAL

Provider: <b>NHC of Fort Oglethorpe</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00344759A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.4032</b>				<b>1.4032</b>	<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.31</b>		Qtrly BIMS score: <b>26.5%</b>	<b>1.0%</b>	Quarterly Medicaid CMI: <b>1.2542</b>				<b>1.2542</b>	<b>1.4961</b>	
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.2745</b>				<b>1.2745</b>	<b>1.5223</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	\$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 Adjstmts	(\$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									
	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	(\$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		1.2745								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$80.94								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$160.18	\$80.94	\$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 (Stnd - 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 = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.81	\$0.81								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (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	\$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	\$181.68	\$84.71	\$0.00	\$18.89	\$21.26	\$0.00	\$40.41	\$4.57	\$11.91	(\$0.07)
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$123.44									

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

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data					Facility Specific	State-wide
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related		
			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	\$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 Adjstmts	(\$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	52,637										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 44,643								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 Case Mix Index for All Residents	from 4 qtrs of FY12		1.4802									
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 =	Ln 14 x Grwth Allwnc %	\$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 Case Mix Index for Medicaid Residents	per Current Qtr End		1.5850									
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	\$189.39	\$102.50	\$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 - 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	\$0.00	\$0.00	
21	BIMS Add-on Per Diem =	Ln 19 Col b x CPS Add-on	\$2.56	\$2.56									
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng 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	\$22.87	\$5.14	\$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	\$212.26	\$107.64	\$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	\$146.37										

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

FINAL

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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 Adjstms	(\$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 Allwnc %	\$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		1.4760								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.89								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.62	\$106.89	\$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 Slfng Add-on	\$3.21	\$3.21								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.91	\$4.81	\$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	\$204.53	\$111.70	\$0.00	\$19.72	\$22.83	\$0.00	\$37.23	\$3.04	\$10.01	\$0.00
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$140.57									

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

FINAL

Provider: <b>Nursecare of Buckhead</b>				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: <b>00142183A</b>				Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.3783				1.3699	
Case Mix Per Diem Rate Effective Date: <b>07/01/20</b>				Qtrly BIMS score: 26.9%	1.0%	Quarterly Medicaid CMI: 1.3997				1.4961	
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>				Nurse Hours per On-Site Day/Quality Incentive: 2.93	2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4229				1.5223	

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 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 Adjstmts	(\$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 Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 77,604 As Filed Days = 76,020	77,604									
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		1.3783								
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 = 13.4%	Ln 14 x Grwth Allwnc %	\$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		1.4229								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$84.99								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$166.98	\$84.99	\$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 ((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	\$0.00	\$0.00
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.85	\$0.85								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Sflng Add-on	\$1.70	\$1.70								
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	\$20.81	\$3.08	\$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	\$187.79	\$88.07	\$0.00	\$17.53	\$22.04	\$0.00	\$43.70	\$3.64	\$9.58	\$3.23
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$128.02									

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

FINAL

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$4,469,447	\$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 Allwnc %	\$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		1.4503								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.08								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$161.56	\$97.08	\$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 (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	\$2.43	\$2.43								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.94	\$1.94								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.00	\$4.90	\$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	\$184.56	\$101.98	\$0.00	\$16.36	\$19.32	\$0.00	\$35.45	\$2.68	\$8.29	\$0.48
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$125.60									

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

FINAL

Provider: <b>Oakview Health &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>00142238A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.2538</b>				<b>1.2538</b>	<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score: <b>38.4%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.6049</b>				<b>1.6049</b>	<b>1.4961</b>	
				<b>3.50</b>	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.6350</b>				<b>1.6350</b>	<b>1.5223</b>	
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	\$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 Adjstms (\$49,401)	(\$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	51,873									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 52,667								\$2,667		
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&I)	\$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 Growth Allownc %	\$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>1.6350</u>								
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	\$191.45	\$112.46	\$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 ((Stnd - 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>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.81	\$2.81								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.37	\$3.37								
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	\$24.81	\$6.71	\$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	\$216.26	\$119.17	\$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	\$149.37									

Quarterly Case Mix Per Diem Calculation

Provider: Oceanside Health & Rehab - Tybee	<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: 003188970A	Growth Allowance:	N/A	13.37%	Base Period Overall CMI:	Use Stwd	1.3617
H/B ? : No	BIMS:	23.2%	1.0%	Quarterly Medicaid CMI:	1.5731	1.4961
Case Mix Per Diem Rate Effective Date: 07/01/20	Nurse Hours per On-Site Day/Quality Incentive:	3.28	1.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.6022	1.5223
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20						

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
<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								\$ 60,278		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								21,444		
	Standard Per Diem (After CMA for Routine Srvc)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$16.46	\$0.00
	<u>Allowed @ 95% of Std</u>		\$143.35	\$67.93		\$17.49	\$21.94		\$19.53		\$16.46	\$0.00
	Growth Allowance 13.4%		\$16.97	\$9.08		\$2.34	\$2.93		\$2.61			
	CMA Allowed Per Diem (After Growth Allowance)		\$163.13	\$77.01		\$19.83	\$24.87		\$22.14	\$ 2.81	\$16.46	\$0.00
	Quarterly Facility Case Mix Index for Medicaid Residents			<u>1.6022</u>							(FRV Rate)	
	Qrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem			\$123.39								
	Quarterly Medicaid CMA Allowed Per Diem		\$209.50	\$123.39		\$19.83	\$24.87		\$22.14	\$2.81	\$16.46	\$0.00
	<b>Quarterly Per Diem Add-On Amounts</b>											
	BIMS Add-on Per Diem = 1.0% x Routine Srvc)		\$1.23	\$1.23								
	Nurse Staff Hrs / Quality Add-on Per Diem = 1.0%		\$1.23	\$1.23								
	Nursing Home Provider Fee		\$17.10					17.10				
	<b>Total Quarterly Per Diem Add-On Amounts</b>		\$19.57									
	<b>Quarterly Case Mix Based Per Diem Rate</b>		\$229.07	\$125.86		\$19.83	\$24.87		\$39.24	\$2.81	\$16.46	\$0.00
	<b>Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%</b>		\$158.98									

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>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.1620</b>				<b>1.1620</b>	<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.45</b>		Qltry BIMS score: <b>35.7%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.2179</b>				<b>1.2179</b>	<b>1.4961</b>	
				Qltry Mcaid CMI w RUG Wght Options: <b>3.0%</b>						<b>1.2399</b>	<b>1.5223</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	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 Adjstms	(\$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 Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.1620</u>								
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	\$0.56
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage =	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 Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.2399</u>								
18	Qltry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.04								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.59	\$95.04	\$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 - Awd] 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	\$0.00	\$0.00
21	BIMS Add-on Per Diem =	Ln 19 Col b x CFS Add-on	\$2.38	\$2.38								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Slfng Add-on	\$2.85	\$2.85								
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	\$22.86	\$5.76	\$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	\$201.45	\$100.80	\$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	\$138.26									

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

FINAL

Provider: <b>Oconee Regional SNF</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: <b>00947658A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>2.1590</b>					<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		<b>0.0%</b>	<b>0.0%</b>	Quarterly Medicaid CMI: <b>1.7720</b>					<b>1.4961</b>	
				<b>6.77</b>	<b>0.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.8070</b>					<b>1.5223</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)		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	\$2,812,723	\$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	3,356									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 2,003								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 <u>Case Mix Index</u> 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	\$0.97
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Growth Allownc %	\$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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.8070								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$146.49								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$261.65	\$146.49	\$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 - Ahd) 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>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>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	\$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	\$278.75	\$146.49	\$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	\$196.24									

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

FINAL

Provider: Orchard Health and Rehab		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00142656A		Case Mix Per Diem Rate Effective Date: 7/1/2020		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 0.9752				1.3617		
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		Nurse Hours per On-Site Day/Quality Incentive: 3.40		Qtrly BIMS score: 47.5%	5.5%	Quarterly Medicaid CMI: 1.4455				1.4961		
					3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4724				1.5223		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,624	FY 18 GL-PL Ins Rpt Days								29,624		
9	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
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		0.9752								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.44								
12	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
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	\$120.71	\$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>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14.63	\$8.75	\$0.00	\$1.86	\$1.90	\$0.00	\$2.12	N/A	N/A	N/A
16	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
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4724								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.24								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$170.39	\$109.24	\$0.00	\$15.74	\$16.11	\$0.00	\$17.95	\$3.40	\$7.49	\$0.46
<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	\$6.01	\$6.01								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Slfng 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	\$27.92	\$9.82	\$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	\$198.31	\$119.06	\$0.00	\$15.96	\$16.52	\$0.00	\$35.42	\$3.40	\$7.49	\$0.46
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$135.91									

Quarterly Case Mix Per Diem Calculation

Provider: Orchard View Rehab & Skilled NC	<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: 00142117A	Growth Allowance:		N/A	13.37%	Base Period Overall CMI:		1.2690	1.3617
H/B ? : No	Case Mix Per Diem Rate Effective Date: 07/01/20	BIMS:	44.4%	2.5%	Quarterly Medicaid CMI:		1.2295	1.4961
	MDS & Nurse Hrs Data per Quarter Ending: 03/31/20	Nurse Hours per On-Site Day/Quality Incentive:	4.40	3.0%	Qtrly Mcaid CMI w RUG Wght Options:		1.2486	1.5223

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	
<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			
	<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			
	<i>Per Diem Costs and Add-ons</i>											
	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
	<u>Allowed @ 95% of Std</u>		\$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			<u>1.2486</u>							(FRV Rate)	
	Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$96.16								
	Quarterly Medicaid CMA Allowed Per Diem		\$203.50	\$96.16		\$19.83	\$24.87		\$22.14	\$2.49	\$38.01	\$0.00
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 2.5% of Routine Svcs		\$2.40	\$2.40								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$2.88	\$2.88								
	Nursing Home Provider Fee		\$0.00						0.00			
	<b>Total Quarterly Per Diem Add-On Amounts</b>		\$5.29									
	<b>Quarterly Case Mix Based Per Diem Rate</b>		\$208.79	\$101.45		\$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%	\$156.59										

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

FINAL

Provider: <b>Oxley Park 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>00143316A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>		<b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.3255</b>			<b>1.3617</b>	
		MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.28</b>		<b>9.4%</b>	<b>0.0%</b>	Quarterly Medicaid CMI: <b>1.4428</b>			<b>1.4961</b>	
						<b>3.28</b>	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.4684</b>			<b>1.5223</b>	
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 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	\$6,249,016	\$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	42,231									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 36,348								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		1.3255								
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 =	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 Qtr End		1.4684								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.13								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$173.70	\$97.13	\$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 ((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 =	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng 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	\$21.54	\$3.44	\$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	\$195.24	\$100.57	\$0.00	\$16.35	\$18.33	\$0.00	\$39.76	\$2.73	\$16.60	\$0.90
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$133.61									

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>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.2317</b>				<b>1.2317</b>	<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>4.64</b>		Qtrly BIMS score: <b>31.8%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.2348</b>				<b>1.2348</b>	<b>1.4961</b>	
				Facility Score: <b>4.64</b>	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.2545</b>				<b>1.2545</b>	<b>1.5223</b>	
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	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	\$1,944,881	\$892,655	\$0	\$391,990	\$129,464	\$196,552	\$216,971	\$39,793	\$77,456	\$0
6	Audit Adjustments and Realocations 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 Althnc %	\$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		1.2545								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.52								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$194.36	\$96.52	\$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 ([Stnd - 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 = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.41	\$2.41								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng 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	\$23.31	\$5.84	\$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	\$217.67	\$102.36	\$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	\$150.43									

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

FINAL

Provider: <b>Park Place Nursing Facility</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00002164A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.2699</b>				<b>1.2699</b>	<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score: <b>38.1%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.3271</b>				<b>1.3271</b>	<b>1.4961</b>	
				Qtrly Mcaid CMI w RUG Wght Options: <b>3.30</b>	<b>2.0%</b>					<b>1.3497</b>	<b>1.5223</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	\$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 Adjstms	(\$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 Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 57,271 As Filed Days = 58,793	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	57,271						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 =	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 Qtr End		1.3497								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.85								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$156.49	\$88.85	\$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 =	Ln 19 Col b x CPS Add-on	\$2.22	\$2.22								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$1.78	\$1.78								
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	\$22.63	\$4.53	\$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	\$179.12	\$93.38	\$0.00	\$17.34	\$17.74	\$0.00	\$29.35	\$5.92	\$14.03	\$1.36
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$121.52									

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

FINAL

Provider: <b>Parkside Ellijay</b> Prvdr ID: <b>00141127A</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>7/1/2020</b>		Growth Allowance: <b>N/A</b>		Facility Score: <b>39.1%</b>	Add-on Percent: <b>13.37%</b>	Base Period Overall CMI: <b>1.3029</b>			Facility Specific: <b>1.3029</b>	State-wide: <b>1.3617</b>		
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.66</b>		Qtrly BIMS score: <b>3.66</b>	Qtrly BIMS score: <b>3.0%</b>	Quarterly Medicaid CMI: <b>1.7139</b>			Facility Specific: <b>1.7139</b>	State-wide: <b>1.4961</b>		
Qtrly Mcaid CMI w RUG Wght Options: <b>1.7451</b>					Qtrly Mcaid CMI w RUG Wght Options: <b>1.7451</b>						State-wide: <b>1.5223</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)		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	\$6,106,944	\$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	FY12 Audited C/R Days	35,922									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,355	FY 18 GL-PL Ins Rpt Days								29,355		
9	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
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3029								
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 = 13.37%	Ln 14 x Grwth Allwnc %	\$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		1.7451								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.50								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$195.59	\$106.50	\$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 ((Std - Alwct) 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	\$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	\$3.20	\$3.20								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.71	\$6.39	\$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	\$219.30	\$112.89	\$0.00	\$26.65	\$26.18	\$0.00	\$40.41	\$2.12	\$9.60	\$1.45
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$161.65									

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

FINAL

Provider: <b>Parkwood Developmental Center</b> Prvdr ID: <b>00142348A</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>7/1/2020</b>		Growth Allowance: <b>N/A</b>		Qtrly BIMS score: <b>#N/A</b>		13.37%		Base Period Overall CMI:				Use Stwde	1.3617
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>0.79</b>		0.0%		Qtrly Medicaid CMI w RUG Wght Options:				Stwde	1.4961		
										Stwde	1.5223		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$6,720,761	\$3,633,041	\$0	\$583,833	\$493,417	\$454,185	\$1,059,786	\$312,777	\$183,722	\$0	
6	Audit Adjustments and Realocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$137,117)	(\$39,218)	\$0	(\$321)	\$0	\$1,370	(\$98,948)		(\$44,230)	\$44,230	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,583,644	\$3,593,823	\$0	\$583,512	\$493,417	\$455,555	\$960,838	\$312,777	\$139,492	\$44,230	
8	Total Nursing Facility Days Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 40,213 As Filed Days = 41,756	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	40,213 40,213							41,756		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$158.39	\$89.37	\$0.00	\$14.51	\$23.60	(with L&H)	\$26.34	\$0.00	\$3.47	\$1.10	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>467.0677</u>									
11	Routine Svcs Case Mix Adjst (CMA) Net Per Diem	Ln 9 / Ln 10		\$0.19									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$0.19	\$0.00	\$14.51	\$23.60		\$26.34	\$0.00	\$3.47	\$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	\$68.15	\$0.19	\$0.00	\$14.51	\$23.09		\$20.56	\$0.00	8.70 (Dodge)	\$1.10	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage =	Ln 14 x Grwth Allwnc %	\$7.81	\$0.03	\$0.00	\$1.94	\$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	\$75.96	\$0.22	\$0.00	\$16.45	\$26.18	\$0.00	\$23.31	\$0.00	\$8.70	\$1.10	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.5223</u>									
18	Qtrly Routine Svcs Case Mix Adjst (CMA) Net Per Diem	Ln 16 x Ln 17		\$0.33									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$76.07	\$0.33	\$0.00	\$16.45	\$26.18	\$0.00	\$23.31	\$0.00	\$8.70	\$1.10	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Actd) 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	\$0.00	\$0.00	
21	BIMS Add-on Per Diem =	#N/A (to Routine Svcs)	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem =	0.0% (to Routine Svcs)	\$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	\$93.39	\$0.33	\$0.00	\$16.67	\$26.18	\$0.00	\$40.41	\$0.00	\$8.70	\$1.10	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$57.22										

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

FINAL

Provider: <b>Pelham Parkway 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>00142425A</b>	Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>	Growth Allowance: <b>N/A</b>		<b>31.1%</b>	<b>2.5%</b>	Base Period Overall CMI: <b>1.4543</b>				<b>1.4543</b>	<b>1.3617</b>	
	MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>	Nurse Hours per On-Site Day/Quality Incentive: <b>3.50</b>		<b>2.0%</b>		Quarterly Medicaid CMI: <b>1.1421</b>				<b>1.1421</b>	<b>1.4961</b>	
						Qtrly Mcaid CMI w RUG Wght Options: <b>1.1587</b>				<b>1.1587</b>	<b>1.5223</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	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 Adjstmts	(\$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									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 37,881	FY 18 GL-PL Ins Rpt Days								37,881		
9	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
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4543								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.41								
12	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
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	\$129.36	\$47.41	\$0.00	\$25.96	\$23.09		\$20.56	\$0.53	11.42 (FRV)	\$0.39
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$15.65	\$6.34	\$0.00	\$3.47	\$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	\$145.01	\$53.75	\$0.00	\$29.43	\$26.18	\$0.00	\$23.31	\$0.53	\$11.42	\$0.39
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1587								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$62.28								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$153.54	\$62.28	\$0.00	\$29.43	\$26.18	\$0.00	\$23.31	\$0.53	\$11.42	\$0.39
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Sind - Alwd) x .75, up to max. of 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	\$1.56	\$1.56								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.25	\$1.25								
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	\$20.66	\$3.34	\$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	\$174.20	\$65.62	\$0.00	\$29.65	\$26.18	\$0.00	\$40.41	\$0.53	\$11.42	\$0.39
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$117.83									

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		Case Mix Per Diem Rate Effective Date: 7/1/2020		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.4918					1.4014	
		MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		Qtrly BIMS score: 23.8%	1.0%	Quarterly Medicaid CMI: 1.6313					1.4961	
				Nurse Hours per On-Site Day/Quality Incentive: 3.30	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6628					1.5223	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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 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	\$3,033,430	\$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										
9	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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Allwnc %	\$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		1.6628								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.83								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.07	\$109.83	\$0.00	\$15.82	\$15.52	\$0.00	\$27.23	\$0.28	\$7.82	\$0.57
<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)	\$1.16	\$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	\$1.10	\$1.10								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (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	\$22.65	\$4.92	\$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	\$199.72	\$114.75	\$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	\$136.97									

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

FINAL

Provider: Pinehill Nursing Center		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00083135A		Case Mix Per Diem Rate Effective Date: 7/1/2020		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.0657				1.3617		
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		Nurse Hours per On-Site Day/Quality Incentive: 2.80		Qtrly BIMS score: 40.8%	2.5%	Quarterly Medicaid CMI: 1.6402				1.4961		
					3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6722				1.5223		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Percentile	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)										
<b>Base Period Per 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 Adjstmnts	(\$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										
8	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed 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, AllOthr = 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 =	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		1.6722								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$122.07								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.53	\$122.07	\$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 ((Std - 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 =	Ln 19 Col b x CPS Add-on	\$3.05	\$3.05								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Sifng 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	\$25.34	\$7.24	\$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	\$213.87	\$129.31	\$0.00	\$16.32	\$21.60	\$0.00	\$35.44	\$1.41	\$8.82	\$0.97
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$147.58									

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

FINAL

Provider: <b>Pinewood Nursing Ctr</b>														
Prvdr ID: <b>00142205A</b>														
	Case Mix Per Diem Rate Effective Date: <b>07/01/20</b>													
	MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>	Nurse Hours per On-Site Day/Quality Incentive:	Growth Allowance: <b>N/A</b>	Qtrly BIMS score: <b>28.8%</b>	Facility Score: <b>2.77</b>	Add-on Percent: <b>13.37%</b>	1.0%	Case Mix Index (CMI) Data	Base Period Overall CMI: <b>1.1182</b>	1.3699	Facility Specific	1.2787	1.4961	State-wide
									Quarterly Medicaid CMI: <b>1.2994</b>	1.5223				
									Qtrly Mcaid CMI w RUG Wght Options:					

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> <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 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 Adjstmts	(\$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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		1.2994								
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	\$160.76	\$83.15	\$0.00	\$19.85	\$22.13	\$0.00	\$26.60	\$0.28	\$7.35	\$1.40
<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)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$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 = 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	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$181.51	\$86.17	\$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	\$123.31									

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

FINAL

Provider: <b>Pinewood Manor Nursing Home</b>				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: <b>00142513A</b>	Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>			Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>N/A</b>				<b>1.3181</b>	<b>1.3617</b>
	MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>			Qtrly BIMS score: <b>50.0%</b>	<b>5.5%</b>	Quarterly Medicaid CMI: <b>1.1379</b>				<b>1.1379</b>	<b>1.4961</b>
				Nurse Hours per On-Site Day/Quality Incentive: <b>2.80</b>	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.1485</b>				<b>1.1485</b>	<b>1.5223</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> <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	\$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 Adjstmts	(\$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										
9	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 34,000										
10	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	FY 18 GL-PL Ins Rpt Days	\$97.25	\$48.23	\$0.00	\$14.92	\$12.58	(with L&H)	\$11.55	\$1.16	\$8.15	\$0.66
11	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<b>1.3181</b>								
12	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$36.59								
13	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$36.59	\$0.00	\$14.92	\$12.58		\$11.55	\$1.16	\$8.15	\$0.66
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	\$85.37	\$36.59	\$0.00	\$14.92	\$12.58		\$11.55	\$1.16	7.91	\$0.66
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
16	Growth Allowance Percentage =	Ln 14 x Grwth Allwnc %	\$10.10	\$4.89	\$0.00	\$1.99	\$1.68	\$0.00	\$1.54	N/A	N/A	N/A
17	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
18	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.1485</b>								
19	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$47.64								
20	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$101.63	\$47.64	\$0.00	\$16.91	\$14.26	\$0.00	\$13.09	\$1.16	\$7.91	\$0.66
<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 =	Ln 19 Col b x CPS Add-on	\$2.62	\$2.62								
23	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Sifng Add-on	\$1.43	\$1.43								
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	\$22.58	\$4.58	\$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	\$124.31	\$52.22	\$0.00	\$17.13	\$14.67	\$0.00	\$30.56	\$1.16	\$7.91	\$0.66
27	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$80.41									
28	Minimum Quarterly Case Mix Based Per Diem Rate		\$147.00									
29	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>Pleasant View Nursing 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>00142546A</b>	Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>	Growth Allowance: <b>N/A</b>	13.37%	Base Period Overall CMI: <b>1.1323</b>	1.3617						
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>	Qtrly BIMS score: <b>36.0%</b>	2.5%	Quarterly Medicaid CMI: <b>1.2852</b>	1.4961							
Nurse Hours per On-Site Day/Quality Incentive: <b>2.51</b>	2.0%	Qtrly Mcaid CMI w RUG Wght Options: <b>1.3056</b>	1.5223								

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> <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	\$4,026,915	\$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 Adjstmts	(\$52,279)	\$0	\$0	\$0	\$0	\$0	(\$86,136)		\$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									
9	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 39,362									39,362	
10	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
11	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1323								
12	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$39.74								
13	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
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	\$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>												
16	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$10.42	\$5.31	\$0.00	\$1.43	\$1.69	\$0.00	\$1.99	N/A	N/A	N/A
17	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
18	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3056								
19	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$58.82								
20	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$111.10	\$58.82	\$0.00	\$12.15	\$14.35	\$0.00	\$16.84	\$0.64	\$7.63	\$0.67
<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	\$1.47	\$1.47								
23	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Sfrng Add-on	\$1.18	\$1.18								
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	\$21.28	\$3.18	\$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	\$132.38	\$62.00	\$0.00	\$12.37	\$14.76	\$0.00	\$34.31	\$0.64	\$7.63	\$0.67
27	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$86.46									
28	Minimum Quarterly Case Mix Based Per Diem Rate		\$147.00									
29	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: Porter Field H & R Ctr, LLC		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00222582A		Case Mix Per Diem Rate Effective Date: 7/1/2020		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.3070				1.3070	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		Nurse Hours per On-Site Day/Quality Incentive: 2.85		Qtrly BIMS score: 50.7%	5.5%	Quarterly Medicaid CMI: 1.7016				1.7016	1.4961	
					2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.7350				1.7350	1.5223	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$3,491,932	\$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 Adjstmts	(\$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 Adjstmt 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 Case Mix Index for All Residents	from 4 qtrs of FY12		1.3070								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.19								
12	Net Per Diems after Case Mix Adjstmt 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 = 13.37%	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 Case Mix Index for Medicaid Residents	per Current Qtr End		1.7350								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.82								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$156.24	\$92.82	\$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 - 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 = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.11	\$5.11								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.86	\$1.86								
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	\$25.60	\$7.50	\$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	\$181.84	\$100.32	\$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	\$123.56									

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

FINAL

Provider: Powder Springs Nurs. & Rehab. Ctr. Prvdr ID: 00530824A		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: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		Growth Allowance: N/A Qtrly BIMS score 23.7%		3.30	13.37% 1.0%	Base Period Overall CMI: 1.3795 Quarterly Medicaid CMI: 1.5384 Qtrly Mcaid CMI w RUG Wght Options: 1.5625					1.3617 1.4961 1.5223	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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 Adjstmts	(\$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									
9	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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		1.5625								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.42								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$170.10	\$95.42	\$0.00	\$16.13	\$19.02	\$0.00	\$21.61	\$4.03	\$12.13	\$1.76
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwtd) 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	\$192.54	\$99.76	\$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	\$131.58									

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

FINAL

Provider: Premier Estate of Dublin		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: 00141281A		Case Mix Per Diem Rate Effective Date: 7/1/2020		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.1528					1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		Nurse Hours per On-Site Day/Quality Incentive: 2.74		Qtrly BIMS score: 28.8%	1.0%	Quarterly Medicaid CMI: 1.4394					1.4961	
					2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4647					1.5223	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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 Adjstmnts	(\$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 Allwnc %	\$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		1.4647								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.88								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$158.84	\$95.88	\$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 ((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	\$0.96	\$0.96								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.92	\$1.92								
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	\$21.51	\$3.41	\$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	\$180.35	\$99.29	\$0.00	\$19.23	\$17.34	\$0.00	\$34.51	\$1.60	\$7.85	\$0.53
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$122.44									

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

FINAL

Provider: <b>Presbyterian Home, Quitman, Inc.</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: <b>00142579A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</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>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.57</b>		Qtrly BIMS score: <b>50.6%</b>	<b>5.5%</b>	Quarterly Medicaid CMI: <b>1.3508</b>					<b>1.4961</b>	
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.3731</b>					<b>1.5223</b>	
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)		<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)		<b>90.0%</b>	<b>90.0%</b>	<b>90.0%</b>	<b>85.0%</b>		<b>50.0%</b>			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>		<b>105.0%</b>			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		<b>\$0.53</b>	<b>\$0.00</b>	<b>\$0.22</b>	<b>\$0.41</b>		<b>\$0.37</b>			
<b>Base Period Per 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 Adjstmts	(\$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 Case Mix Index for All Residents	from 4 qtrs of FY12		<b>1.1395</b>								
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 = <b>13.37%</b>	Ln 14 x Grwth Allownc %	\$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 Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.3731</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.29								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193.11	\$101.29	\$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 ((Stnd - 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	\$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	\$5.57	\$5.57								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <b>3.0%</b> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.04	\$3.04								
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	\$9.18	\$9.14	\$0.00	\$0.00	\$0.04	\$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>\$202.29</b>	<b>\$110.43</b>	<b>\$0.00</b>	<b>\$20.87</b>	<b>\$26.15</b>	<b>\$0.00</b>	<b>\$23.31</b>	<b>\$0.82</b>	<b>\$19.46</b>	<b>\$1.25</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$151.72</b>									

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

FINAL

Provider: <b>Presbyterian Village, Inc.</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: <b>00362832A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</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>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>4.72</b>		Qtrly BIMS score: <b>44.7%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.5319</b>					<b>1.5319</b>	<b>1.4961</b>
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.5612</b>					<b>1.5612</b>	<b>1.5223</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	\$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 Adjstmts	(\$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									
9	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 Case Mix Index for All Residents	from 4 qtrs of FY12		1.2644								
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 = 13.37%	Ln 14 x Growth Allownc %	\$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 Case Mix Index for Medicaid Residents	per Current Qtr End		1.5612								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$126.57								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$215.93	\$126.57	\$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 (Std - 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	\$0.00	\$0.00
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.16	\$3.16								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Strng Add-on	\$3.80	\$3.80								
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	\$7.18	\$6.96	\$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	\$223.11	\$133.53	\$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	\$167.33									

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

FINAL

Provider: Providence Healthcare of Sparta		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00142623A		Case Mix Per Diem Rate Effective Date: 7/1/2020		Growth Allowance: N/A		50.0%	13.37%	Base Period Overall CMI: 1.2494				1.3617	
		MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		Qtrly BIMS score: 50.0%		5.5%	5.5%	Quarterly Medicaid CMI: 1.4645				1.4961	
				Nurse Hours per On-Site Day/Quality Incentive: 2.43		2.0%	2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4906				1.5223	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$2,804,770	\$1,453,605	\$0	\$286,258	\$175,513	\$200,891	\$390,719	\$40,376	\$257,408	\$0	
6	Audit Adjustments and Realocations to Cost Center Costs	FY12 C/R Audit Adjstms	(\$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										
	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		1.2494									
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		1.4906									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.54									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.15	\$109.54	\$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 ((Stnd - 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	\$0.00	\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.02	\$6.02									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.19	\$2.19									
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	\$26.47	\$8.74	\$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	\$213.62	\$118.28	\$0.00	\$18.46	\$24.67	\$0.00	\$40.41	\$1.96	\$8.72	\$1.12	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$147.39										

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

FINAL

Provider: Providence Healthcare of Thomaston		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: 00142612A		Case Mix Per Diem Rate Effective Date: 7/1/2020		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.2794					1.2794	1.3617
		MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		Qtrly BIMS score: 45.5%	5.5%	Quarterly Medicaid CMI: 1.4729					1.4729	1.4961
				Nurse Hours per On-Site Day/Quality Incentive: 3.13	2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4983					1.4983	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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> 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 Adjstmnts	(\$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	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,325	FY 18 GL-PL Ins Rpt Days								31,325		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$109.93	\$61.53	\$0.00	\$13.07	\$17.03	(with L&H)	\$15.39	\$1.37	\$0.95	\$0.59
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2794								
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		1.4983								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$81.69								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$142.77	\$81.69	\$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 ((Stnd - Ahdj) 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	\$4.49	\$4.49								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$1.63	\$1.63								
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	\$24.75	\$6.65	\$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	\$167.52	\$88.34	\$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	\$112.82									

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

FINAL

Provider: <b>PruittHealth - Ashburn, LLC</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: <b>00140104A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.3806</b>					<b>1.3806</b>	<b>1.3617</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.73</b>		Qtrly BIMS score: <b>23.0%</b>	<b>1.0%</b>	Quarterly Medicaid CMI: <b>1.7130</b>					<b>1.7130</b>	<b>1.4961</b>
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.7463</b>					<b>1.7463</b>	<b>1.5223</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)		<b>90.0%</b>	<b>90.0%</b>	<b>90.0%</b>	<b>85.0%</b>		<b>50.0%</b>			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>		<b>105.0%</b>			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		<b>\$0.53</b>	<b>\$0.00</b>	<b>\$0.22</b>	<b>\$0.41</b>		<b>\$0.37</b>			
<b>Base Period Per 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	24,869									
8	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 23,000								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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.3806</u>								
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 = <u>13.37%</u>	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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.7463</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.07								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.11	\$110.07	\$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 - 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>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	\$23.03	\$4.93	\$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	\$207.14	\$115.00	\$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	\$142.53									

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

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL 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	\$6,526,388	\$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 Adjstmnts	(\$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 Adjstmt 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 Case Mix Index for All Residents	from 4 qtrs of FY12		1.6031								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.83								
12	Net Per Diems after Case Mix Adjstmt 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 = 13.37%	Ln 14 x Grwth Allownc %	\$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 Case Mix Index for Medicaid Residents	per Current Qtr End		1.5473								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.95								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$200.54	\$104.95	\$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 - Awd) 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	\$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	\$3.15	\$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	\$21.00	\$3.68	\$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	\$221.54	\$108.63	\$0.00	\$18.27	\$26.18	\$0.00	\$40.41	\$7.46	\$17.19	\$3.40
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$153.33									

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

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL 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	\$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 Adjstmnts	(\$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	33,329									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 29,845								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 Case Mix Index for All Residents	from 4 qtrs of FY12		1.4445								
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 =	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 Case Mix Index for Medicaid Residents	per Current Qtr End		1.4616								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.22								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.42	\$103.22	\$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 (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 =	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Sflng 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	\$21.73	\$3.63	\$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	\$203.15	\$106.85	\$0.00	\$17.32	\$20.59	\$0.00	\$39.59	\$8.06	\$9.36	\$1.38
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$139.54									

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

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Provider: <b>PruittHealth Augusta Hills</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00245055A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.4845</b>				<b>1.4845</b>	<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.63</b>		Qtrly BIMS score: <b>37.7%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.4335</b>				<b>1.4335</b>	<b>1.4961</b>	
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.4579</b>				<b>1.4579</b>	<b>1.5223</b>	
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
<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	\$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	37,879									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 30,432								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 =	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		1.4579								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.20								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.06	\$99.20	\$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 ([(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 =	Ln 19 Col b x CPS Add-on	\$2.48	\$2.48								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng 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	\$24.09	\$5.99	\$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	\$205.15	\$105.19	\$0.00	\$18.68	\$23.30	\$0.00	\$37.38	\$9.96	\$9.04	\$1.60
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$141.04									

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

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data					State-wide
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	
			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	1	2	1	1	1			
				<i>All Facilities</i>	<i>All Facilities</i>	<i>Free Standing</i>	<i>All Facilities</i>	<i>All Facilities</i>	<i>All Facilities</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>			
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%			
5	<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	\$7,420,257	\$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 Adjstms	(\$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	41,411									
9	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 41,344								41,344		
9	Net Per Diems prior to Case Mix Adjstmt 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 Case Mix Index for All Residents	from 4 qtrs of FY12		1.5684								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.81								
12	Net Per Diems after Case Mix Adjstmt 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	\$2.33
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	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 Case Mix Index for Medicaid Residents	per Current Qtr End		1.5774								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.60								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$194.91	\$101.60	\$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 ((Sind - Alwaj) 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	\$0.00	\$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 = 3.0% (to Routine Svcs)	Ln 19 Col b x Slfng 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	\$21.92	\$4.60	\$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	\$216.83	\$106.20	\$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	\$149.80									

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>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.5336</b>					<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.94</b>		Qtrly BIMS score: <b>42.9%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.4744</b>					<b>1.4961</b>	
					<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.4744</b>					<b>1.5223</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)		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	\$5,508,415	\$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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<b>1.5336</b>								
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 = <u>13.37%</u>	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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.4744</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.89								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.61	\$92.89	\$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 - 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 = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.32	\$2.32								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.86	\$1.86								
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	\$4.71	\$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>\$195.05</b>	<b>\$97.60</b>	<b>\$0.00</b>	<b>\$16.92</b>	<b>\$24.02</b>	<b>\$0.00</b>	<b>\$40.41</b>	<b>\$6.95</b>	<b>\$7.97</b>	<b>\$1.18</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$133.46</b>									

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

FINAL

Provider: <b>PruittHealth - Brookhaven</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: <b>00140115A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>		<b>26.9%</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.6566</b>				<b>1.3617</b>	
		MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Qtrly BIMS score: <b>26.9%</b>		<b>1.0%</b>		Quarterly Medicaid CMI: <b>1.6215</b>				<b>1.4961</b>	
				Nurse Hours per On-Site Day/Quality Incentive: <b>3.88</b>		<b>2.0%</b>		Qtrly Mcaid CMI w RUG Wght Options: <b>1.6485</b>				<b>1.5223</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)		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	\$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 Adjstmts	(\$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	51,101										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 53,128								53,128			
9	Net Per Diems prior to Case Mix Adjstmt 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 Adjstmt 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>1.6485</u>									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$127.64									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$216.23	\$127.64	\$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 - 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 = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.28	\$1.28									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$2.55	\$2.55									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.09	\$4.36	\$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>\$238.32</b>	<b>\$132.00</b>	<b>\$0.00</b>	<b>\$20.69</b>	<b>\$24.00</b>	<b>\$0.00</b>	<b>\$40.41</b>	<b>\$7.11</b>	<b>\$11.76</b>	<b>\$2.35</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$165.92</b>										

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

FINAL

Line #	Description	Sources / Calculations	Add-on Data and Percentages					Case Mix Index (CMI) Data					Facility Specific	State-wide
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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	1	2	1	1	1					
	<i>Peer Group Standards &amp; Efficiency Measure Limits</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 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 Adjstmts	(\$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 Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 25,202 As Filed Days = 24,191	25,202								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		1.3923										
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	\$142.20	\$60.10	\$0.00	\$17.62	\$23.55		\$21.93	\$7.06	10.33 (FRV)	\$1.61		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage = 13.4%	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	\$158.68	\$68.14	\$0.00	\$19.98	\$26.70	\$0.00	\$24.86	\$7.06	\$10.33	\$1.61		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5892										
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.29										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$198.83	\$108.29	\$0.00	\$19.98	\$26.70	\$0.00	\$24.86	\$7.06	\$10.33	\$1.61		
<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 = 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 Slfng Add-on	\$3.25	\$3.25										
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	\$22.55	\$4.86	\$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	\$221.38	\$113.15	\$0.00	\$20.20	\$26.70	\$0.00	\$42.33	\$7.06	\$10.33	\$1.61		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$153.21											

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

FINAL

Provider: <b>PruittHealth - Crestwood</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: <b>00140764A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.5323</b>					<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.41</b>		<b>47.8%</b>	<b>5.5%</b>	Quarterly Medicaid CMI: <b>1.3894</b>					<b>1.4961</b>	
				<b>3.41</b>	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.4160</b>					<b>1.5223</b>	
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 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										
8	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed 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 =	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				1.4160						
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.37								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$164.96	\$92.37	\$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 (Slnd - 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 =	Ln 19 Col b x CPS Add-on	\$5.08	\$5.08								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Slfng 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	\$26.48	\$8.38	\$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	\$191.44	\$100.75	\$0.00	\$15.88	\$19.88	\$0.00	\$38.06	\$7.51	\$8.44	\$0.92
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$130.76									

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

FINAL

Provider: <b>PruittHealth - Decatur</b> Prvdr ID: <b>00252942A</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>7/1/2020</b> MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Growth Allowance: <b>N/A</b> Qtrly BIMS score: <b>23.7%</b> Nurse Hours per On-Site Day/Quality Incentive: <b>3.64</b>		<b>13.37%</b>	<b>1.0%</b>	Base Period Overall CMI: <b>1.4114</b> Quarterly Medicaid CMI: <b>1.4665</b> Qtrly Mcaid CMI w RUG Wght Options: <b>1.4899</b>					<b>1.3617</b>	<b>1.4961</b>	<b>1.5223</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> <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	\$8,512,345	\$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 Adjstmt 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 Case Mix Index for All Residents	from 4 qtrs of FY12		<b>1.4114</b>									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.13									
12	Net Per Diems after Case Mix Adjstmt 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 = <b>13.37%</b>	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 Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.4899</b>									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.76									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$203.05	\$116.76	\$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 - Atwd) 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 = <b>1.0%</b> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.17	\$1.17									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <b>3.0%</b> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.50	\$3.50									
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	\$23.22	\$5.20	\$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	\$226.27	\$121.96	\$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	\$156.88										

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>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI:					Use Stwde	1.4014
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score: <b>24.7%</b>	<b>1.0%</b>	Quarterly Medicaid CMI:					1.5887	1.4961
				<b>3.52</b>	<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options:					1.6195	1.5223
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> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(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	\$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		13,874								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 26,369								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		<b>1.4014</b>								
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 =	Ln 14 x Grwth Alkwn %	\$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		<b>1.6195</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.41								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$213.86	\$120.41	\$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 ([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 =	Ln 19 Col b x CPS Add-on	\$1.20	\$1.20								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	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	\$21.46	\$4.14	\$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	\$235.32	\$124.55	\$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	\$163.67									

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

FINAL

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskng	Plant Operatns & Maint	Admin 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 Adjstmnts	(\$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	27,871									
9	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 27,028								27,028		
9	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
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4922								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.95								
12	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
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	\$154.86	\$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>												
15	Growth Allowance Percentage =	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
16	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
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5932								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$129.16								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$220.44	\$129.16	\$0.00	\$19.05	\$24.85	\$0.00	\$23.31	\$7.30	\$14.24	\$2.53
<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)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
21	BIMS Add-on Per Diem =	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng 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	\$20.31	\$2.58	\$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	\$240.75	\$131.74	\$0.00	\$19.27	\$25.26	\$0.00	\$40.41	\$7.30	\$14.24	\$2.53
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$167.74									

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

FINAL

Provider: <b>PruittHealth- Fitzgerald</b>					Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Pvdr ID: <b>00140995A</b>					Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.2807				1.3699	
Case Mix Per Diem Rate Effective Date: <b>07/01/20</b>		MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.51</b>	Qtrly BIMS score: <b>15.5%</b>	0.0%	Quarterly Medicaid CMI: <b>1.4461</b>				1.4961	
							Qtrly Mcaid CMI w RUG Wght Options: <b>1.4737</b>				1.5223	

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 FY13 C/R	\$2,195,341	\$951,618	\$0	\$178,911	\$121,063	\$245,723	\$395,363	\$187,666	\$114,997	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	(\$63,339)	(\$2,011)	\$0	\$0	\$0	\$0	(\$63,456)		(\$10,726)	\$12,854
7	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
8	Total Nursing Facility Days As Filed Days = 13,166	FY13 Audited C/R Days	13,166									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,941	FY 18 GL-PL Ins Rpt Days								23,941		
9	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
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.2807								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.32								
12	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
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	\$0.98
14	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>												
15	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
16	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
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4737								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.10								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 15	\$182.84	\$94.10	\$0.00	\$15.41	\$26.38	\$0.00	\$26.60	\$7.84	\$11.53	\$0.98
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwrd) 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 = 1.0% (to Routine Svcs)	Ln 19 Col b x Sflng Add-on	\$0.94	\$0.94								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$18.79	\$1.47	\$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	\$201.63	\$95.57	\$0.00	\$15.63	\$26.38	\$0.00	\$43.70	\$7.84	\$11.53	\$0.98
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$138.40									

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

FINAL

Provider: <b>PruittHealth - Fort Oglethorpe</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00214695A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.3512</b>				<b>1.3512</b>	<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.07</b>		Qtrly BIMS score: <b>24.5%</b>	<b>1.0%</b>	Quarterly Medicaid CMI: <b>1.3530</b>				<b>1.4961</b>	<b>1.4961</b>	
					<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.3729</b>				<b>1.3729</b>	<b>1.5223</b>	
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)		<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	\$5,844,982	\$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 Adjstmts	(\$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									
9	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 Case Mix Index 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 = <b>13.37%</b>	Ln 14 x Growth Allownc %	\$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 Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.3729</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.20								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$161.23	\$89.20	\$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 - 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 = <b>1.0%</b> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.89	\$0.89								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <b>2.0%</b> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.78	\$1.78								
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	\$21.30	\$3.20	\$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>\$182.53</b>	<b>\$92.40</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>\$124.07</b>									

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

FINAL

Provider: <b>PruittHealth - Franklin, Inc</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: <b>00141039A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.4254</b>					<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.16</b>		Qtrly BIMS score: <b>39.7%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.3247</b>					<b>1.4961</b>	
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.3460</b>					<b>1.5223</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	\$3,811,934	\$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 Adjstmts	(\$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		25,623								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 24,269								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 Case Mix Index for All Residents	from 4 qtrs of FY12		1.4254								
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 =	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 Case Mix Index for Medicaid Residents	per Current Qtr End		1.3460								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$85.57								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$159.54	\$85.57	\$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 (Std - Alwaj] 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	\$0.00	\$0.00
21	BIMS Add-on Per Diem =	Ln 19 Col b x CPS Add-on	\$2.14	\$2.14								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	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	\$22.97	\$5.24	\$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	\$182.51	\$90.81	\$0.00	\$15.55	\$17.63	\$0.00	\$40.41	\$7.73	\$9.71	\$0.67
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$124.06									

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

FINAL

Provider: <b>PruittHealth-Greenville</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: <b>00140038A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.4082</b>					<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.11</b>		Qtrly BIMS score: <b>42.7%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.4175</b>					<b>1.4961</b>	
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.4445</b>					<b>1.5223</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	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 Adjstmts	(\$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									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 33,930 FY 18 GL-PL Ins Rpt Days								33,930		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$144.00	\$75.65	\$0.00	\$12.96	\$18.92	(with L&H)	\$20.27	\$8.01	\$6.62	\$1.57
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<b>1.4082</b>								
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 Allownc %	\$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		<b>1.4445</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$87.97								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$166.50	\$87.97	\$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 ([Stnd - 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	\$2.20	\$2.20								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.64	\$2.64								
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	\$23.32	\$5.37	\$0.00	\$0.22	\$0.41	\$0.00	\$17.32	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$189.82	\$93.34	\$0.00	\$14.91	\$21.86	\$0.00	\$40.30	\$8.01	\$9.83	\$1.57
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$129.54									

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

FINAL

Provider: <b>PruittHealth - Griffin, LLC</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: <b>00143052A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>		<b>13.37%</b>		Base Period Overall CMI: <b>1.3383</b>				<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.46</b>		Qtrly BIMS score: <b>37.8%</b>		<b>2.5%</b>		Quarterly Medicaid CMI: <b>1.3545</b>				<b>1.4961</b>	
				Qtrly Mcaid CMI w RUG Wght Options: <b>1.3798</b>		<b>3.0%</b>						<b>1.5223</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)		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	\$3,598,275	\$1,814,648	\$0	\$313,153	\$240,444	\$213,026	\$539,982	\$166,012	\$311,010	\$0	
6	Audit Adjustments and Realocations 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>1.3798</b>									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.70									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$166.13	\$89.70	\$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 ([(Snd - 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	\$2.24	\$2.24									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <b>3.0%</b> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.69	\$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	\$23.35	\$5.46	\$0.00	\$0.22	\$0.41	\$0.00	\$17.26	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$189.48	\$95.16	\$0.00	\$15.24	\$22.25	\$0.00	\$40.32	\$7.45	\$8.06	\$1.00	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$129.29										

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

FINAL

Provider: <b>PruittHealth -Holly Hill</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: <b>00141479A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>	Growth Allowance: <b>N/A</b>	<b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.4465</b>					<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Qtrly BIMS score: <b>22.2%</b>	<b>22.2%</b>	<b>1.0%</b>	Quarterly Medicaid CMI: <b>1.4043</b>					<b>1.4961</b>		
		Nurse Hours per On-Site Day/Quality Incentive: <b>3.59</b>	<b>3.59</b>	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.4298</b>					<b>1.5223</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	\$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									
9	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 Case Mix Index for All Residents	from 4 qtrs of FY12		1.4465								
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 = 13.37%	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 Case Mix Index for Medicaid Residents	per Current Qtr End		1.4298								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.89								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$175.32	\$102.89	\$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 = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.03	\$1.03								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.09	\$3.09								
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	\$22.75	\$4.65	\$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	\$198.07	\$107.54	\$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	\$135.73									

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

FINAL

Provider: <b>PruittHealth -Jasper</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: <b>00142436A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.5432</b>					<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		<b>15.9%</b>	<b>0.0%</b>	Quarterly Medicaid CMI: <b>1.7593</b>					<b>1.4961</b>	
				<b>3.37</b>	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.7931</b>					<b>1.5223</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	\$3,489,198	\$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										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 19,054								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		<u>1.5432</u>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.37%</u>	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		<u>1.7931</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.14								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$216.71	\$121.14	\$0.00	\$18.52	\$26.18	\$0.00	\$23.31	\$7.58	\$17.85	\$2.13
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem (Stod - 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	\$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	\$3.63	\$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	\$21.48	\$4.16	\$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	\$238.19	\$125.30	\$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	\$165.82									

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

FINAL

Provider: <b>PruittHealth -Lafayette, LLC</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: <b>00254394A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.2862</b>					<b>1.2862</b>	<b>1.3617</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		<b>26.3%</b>	<b>1.0%</b>	Quarterly Medicaid CMI: <b>1.4514</b>					<b>1.4514</b>	<b>1.4961</b>
				<b>2.83</b>	<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.4762</b>					<b>1.4762</b>	<b>1.5223</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)		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	\$4,937,452	\$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 Adjstms	(\$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								
	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		<b>1.2862</b>								
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 = <u>13.37%</u>	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		<b>1.4762</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.31								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.65	\$105.31	\$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 (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 = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.05	\$1.05								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.11	\$2.11								
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	\$21.79	\$3.69	\$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	\$203.44	\$109.00	\$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	\$139.76									

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

FINAL

Provider: <b>PruittHealth - Lakehaven</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: <b>00141721A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>		<b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.4944</b>				<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.25</b>		Qtrly BIMS score: <b>31.8%</b>		<b>31.8%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.6570</b>				<b>1.4961</b>	
				Qtrly Mcaid CMI w RUG Wght Options: <b>1.6887</b>		<b>3.25</b>	<b>3.0%</b>					<b>1.5223</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	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										
9	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 Adjstmt 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 Case Mix Index for All Residents	from 4 qtrs of FY12		<b>1.4944</b>									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.29									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = 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 = <b>13.37%</b>	Ln 14 x Grwth Allwnc %	\$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 Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.6887</b>									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.42									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 16, AllOthr = Ln 16	\$186.63	\$115.42	\$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 = <b>2.5%</b> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.89	\$2.89									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <b>3.0%</b> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.46	\$3.46									
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	\$24.98	\$6.88	\$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>\$211.61</b>	<b>\$122.30</b>	<b>\$0.00</b>	<b>\$16.82</b>	<b>\$18.58</b>	<b>\$0.00</b>	<b>\$38.77</b>	<b>\$7.12</b>	<b>\$7.21</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>\$145.88</b>										

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

FINAL

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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 Adjstmts	(\$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 Case Mix Index for All Residents	from 4 qtrs of FY12		1.4690								
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 = 13.37%	Ln 14 x Grwth Allwnc %	\$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 Case Mix Index 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		\$100.74								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$176.30	\$100.74	\$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 ((SInd - Atw) 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 Sflng 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	\$24.17	\$6.07	\$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	\$200.47	\$106.81	\$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	\$137.53									

Provider: <b>PruittHealth - Laurel Park</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>00908553A</b>	Growth Allowance: N/A		N/A	13.37%	Base Period Overall CMI: 1.2708		1.3617	
Case Mix Per Diem Rate Effective Date: <b>07/01/20</b>	Qtrly Cognitive Performance Scale: 28.6%		28.6%	2.5%	Quarterly Medicaid CMI: 1.5841		1.4961	
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>	Nurse Hours per On-Site Day/Quality Incentive: 3.76		3.76	2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6146		1.5223	

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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 Adjstmnts	\$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	7.36	\$2.63	\$1.53
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2708								
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, AllOthr = 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 Allownc %	\$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		1.6146							(FRV)	
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$130.90								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$232.29	\$130.90	\$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 ((Sind - 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 = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.27	\$3.27								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (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	\$23.21	\$5.89	\$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	\$255.50	\$136.79	\$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	\$178.80									

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

FINAL

Provider: <b>PruittHealth -Lilburn, LLC</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: <b>00145527A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>		<b>39.6%</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.4971</b>				<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.56</b>		Qtrly BIMS score: <b>2.5%</b>		<b>2.0%</b>	Quarterly Medicaid CMI: <b>1.5238</b>				<b>1.4961</b>		
				Qtrly Mcaid CMI w RUG Wght Options: <b>1.5490</b>								<b>1.5223</b>	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskng	Plant Operatns & Maint	Admin 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	\$7,921,988	\$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											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 49,357								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 =	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		1.5490									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.85									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.78	\$104.85	\$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 - 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 =	Ln 19 Col b x CPS Add-on	\$2.62	\$2.62									
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Slfng 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	\$23.35	\$5.25	\$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	\$202.13	\$110.10	\$0.00	\$16.79	\$22.35	\$0.00	\$36.46	\$7.41	\$7.38	\$1.64	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$138.77										

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

FINAL

Provider: <b>PruittHealth -Macon, LLC</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00141908A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.4638</b>				<b>1.4638</b>	<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.24</b>		Qtrly BIMS score: <b>30.3%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.5651</b>				<b>1.4961</b>	<b>1.4961</b>	
					<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.5937</b>				<b>1.5937</b>	<b>1.5223</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)		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 Realocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$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									
9	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	\$8.15	\$5.08	\$1.94
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.4638</u>								
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 = <u>13.37%</u>	Ln 14 x Grwth Alhnc %	\$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		<u>1.5937</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$122.11								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.85	\$122.11	\$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 ((Sind - Awd) 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 = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.05	\$3.05								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.44	\$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	\$23.78	\$6.02	\$0.00	\$0.22	\$0.07	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$226.63	\$128.13	\$0.00	\$15.40	\$26.15	\$0.00	\$38.50	\$8.15	\$8.36	\$1.94
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$157.15									

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

FINAL

Provider: <b>PruittHealth - Magnolia Manor</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: <b>00252007A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>		<b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.4894</b>				<b>1.3617</b>	
		MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Qtrly BIMS score: <b>28.3%</b>		<b>28.3%</b>	<b>1.0%</b>	Quarterly Medicaid CMI: <b>1.5117</b>				<b>1.4961</b>	
				Nurse Hours per On-Site Day/Quality Incentive: <b>3.33</b>		<b>3.33</b>	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.5386</b>				<b>1.5223</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)		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	\$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 Adjstmts	(\$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										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,284	FY 18 GL-PL Ins Rpt Days								32,284			
9	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	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4894									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.00									
12	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	
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	\$166.36	\$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>													
15	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	
16	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	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5386									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.38									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$223.04	\$113.38	\$0.00	\$20.87	\$26.18	\$0.00	\$23.31	\$7.45	\$28.07	\$3.78	
<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)	\$0.53	\$0.53	\$0.00	\$0.00	\$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	\$1.13	\$1.13									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.40	\$3.40									
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	\$22.16	\$5.06	\$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	\$245.20	\$118.44	\$0.00	\$20.87	\$26.18	\$0.00	\$40.41	\$7.45	\$28.07	\$3.78	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$171.08										

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

FINAL

Provider: <b>PruittHealth- Marietta</b>	Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00202507A</b>	Case Mix Per Diem Rate Effective Date: <b>07/01/20</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>
	MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>	Qtrly BIMS score: <b>34.6%</b>	<b>34.6%</b>	<b>2.5%</b>	Quarterly Medicaid CMI:			<b>1.5146</b>	<b>1.4961</b>
	Nurse Hours per On-Site Day/Quality Incentive:	<b>3.21</b>	<b>3.21</b>	<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options:			<b>1.5401</b>	<b>1.5223</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)		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 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		<u>1.2754</u>								
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	\$1.48
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.4%</u>	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		<u>1.5401</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.84								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$212.47	\$121.84	\$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 ((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	\$3.05	\$3.05								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$2.44	\$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	\$23.75	\$6.02	\$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	\$236.22	\$127.86	\$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	\$164.34									

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

FINAL

Provider: <b>PruittHealth - Millen</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: <b>00140269A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.5517</b>					<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.42</b>		Qtrly BIMS score: <b>43.7%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.6106</b>					<b>1.4961</b>	
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.6406</b>					<b>1.5223</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	\$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									
8	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,649	FY 18 GL-PL Ins Rpt Days								29,649		
9	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
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5517								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.17								
12	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
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	\$124.40	\$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>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$13.45	\$6.31	\$0.00	\$2.01	\$2.51	\$0.00	\$2.62	N/A	N/A	N/A
16	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
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6406								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$87.74								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 15	\$172.11	\$87.74	\$0.00	\$17.03	\$21.30	\$0.00	\$22.20	\$8.11	\$15.12	\$0.61
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Awei) 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	\$2.19	\$2.19								
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	\$23.45	\$5.35	\$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	\$195.56	\$93.09	\$0.00	\$17.25	\$21.71	\$0.00	\$39.67	\$8.11	\$15.12	\$0.61
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$133.85									

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

FINAL

Provider: <b>PruittHealth - Monroe, LLC</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00141468A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.2064</b>				<b>1.2064</b>	<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.00</b>		Qtrly BIMS score: <b>31.3%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.3549</b>				<b>1.3549</b>	<b>1.4961</b>	
					<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.3773</b>				<b>1.3773</b>	<b>1.5223</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)		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	\$3,654,415	\$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		24,301								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 26,782								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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<b>1.2064</b>								
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	\$139.17	\$68.26	\$0.00	\$13.06	\$23.09		\$17.16	\$7.46	9.41 (FRV)	\$0.73
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage =	Ln 14 x Grwth Allwnc %	\$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	\$155.43	\$77.39	\$0.00	\$14.81	\$26.18	\$0.00	\$19.45	\$7.46	\$9.41	\$0.73
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.3773</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.59								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.63	\$106.59	\$0.00	\$14.81	\$26.18	\$0.00	\$19.45	\$7.46	\$9.41	\$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 =	Ln 19 Col b x CPS Add-on	\$2.66	\$2.66								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$2.13	\$2.13								
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	\$23.01	\$5.32	\$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	\$207.64	\$111.91	\$0.00	\$15.03	\$26.18	\$0.00	\$36.92	\$7.46	\$9.41	\$0.73
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$142.91									

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

FINAL

Provider: <b>PruittHealth - Moultrie</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: <b>00142095A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.4840</b>					<b>1.4840</b>	<b>1.3617</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.33</b>		Qtrly BIMS score: <b>25.0%</b>	<b>1.0%</b>	Quarterly Medicaid CMI: <b>1.4578</b>					<b>1.4578</b>	<b>1.4961</b>
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.4859</b>					<b>1.4859</b>	<b>1.5223</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> 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	\$3,886,734	\$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	22,836									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 23,376								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 = <b>13.37%</b>	Ln 14 x Grwth Allownc %	\$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>1.4859</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.93								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.77	\$89.93	\$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 = <b>1.0%</b> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.90	\$0.90								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <b>3.0%</b> (to Routine Svcs)	Ln 19 Col b x Sflng 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	\$21.70	\$4.13	\$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	\$203.47	\$94.06	\$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	\$139.78									

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

FINAL

Provider: <b>PruittHealth- Ocilla</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>00142315A</b>	Case Mix Per Diem Rate Effective Date: <b>07/01/20</b>	Growth Allowance: <b>N/A</b>	<b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI:			<b>1.2894</b>	<b>1.3699</b>
	MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>	Qtrly BIMS score: <b>34.1%</b>	<b>34.1%</b>	<b>2.5%</b>	Quarterly Medicaid CMI:			<b>1.5366</b>	<b>1.4961</b>
		Nurse Hours per On-Site Day/Quality Incentive: <b>3.65</b>	<b>3.65</b>	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options:			<b>1.5666</b>	<b>1.5223</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	(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 Adjstmts	(\$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 Allwnc %	\$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		1.5666								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.44								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$194.66	\$108.44	\$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 ((Stnd - Actwl) 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	\$2.71	\$2.71								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.25	\$3.25								
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	\$24.59	\$6.49	\$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	\$219.25	\$114.93	\$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	\$151.61									

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

FINAL

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>Provider: PruittHealth - Old Capitol</b> <b>Prvdr ID: 00142304A</b> Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20 Growth Allowance: N/A Qtrly BIMS score: 32.7% Nurse Hours per On-Site Day/Quality Incentive: 2.84 Facility Score: N/A Add-on Percent: 13.37% 2.5% 3.0% Base Period Overall CMI: 1.2935 Quarterly Medicaid CMI: 1.4384 Qtrly Mcaid CMI w RUG Wght Options: 1.4630 1.4630 1.5223												
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	Cost Center Peer Groups <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	Peer Group Standards & Efficiency Measure Limits											
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>												
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 Adjstmts	(\$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									
9	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 Qtr End		1.4630								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$83.33								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$149.06	\$83.33	\$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 ((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	\$2.08	\$2.08								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$2.50	\$2.50								
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	\$23.21	\$5.11	\$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	\$172.27	\$88.44	\$0.00	\$13.54	\$19.37	\$0.00	\$33.66	\$8.01	\$7.98	\$1.27
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$116.38									

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

FINAL

Provider: <b>PruittHealth - Palmyra</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>00142337A</b>	Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>	Growth Allowance: <b>N/A</b>	<b>32.0%</b>	<b>13.37%</b>	Base Period Overall CMI:			<b>1.3544</b>	<b>1.4014</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>	Nurse Hours per On-Site Day/Quality Incentive: <b>4.08</b>	Qltry BIMS score: <b>32.0%</b>	<b>32.0%</b>	<b>2.5%</b>	Quarterly Medicaid CMI:			<b>1.3568</b>	<b>1.4961</b>
			<b>4.08</b>	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options:			<b>1.3804</b>	<b>1.5223</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	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	\$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 Adjstmts	(\$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 = 13.4%	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>1.3804</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$83.79								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$163.08	\$83.79	\$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 - 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	\$2.09	\$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	\$22.82	\$5.13	\$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	\$185.90	\$88.92	\$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	\$126.60									

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>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.4021</b>				<b>1.3617</b>		
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		<b>51.4%</b>	<b>5.5%</b>	Quarterly Medicaid CMI: <b>1.4290</b>				<b>1.4961</b>		
				<b>3.94</b>	<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.4525</b>				<b>1.5223</b>		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskng	Plant Operatns & Maint	Admin 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	\$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 Adjstmts	(\$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	42,749									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 41,326								41,326		
9	Net Per Diems prior to Case Mix Adjstmt 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		<b>1.4021</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.53								
12	Net Per Diems after Case Mix Adjstmt 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	\$2.63
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allownc %	\$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		<b>1.4525</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.20								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$199.11	\$111.20	\$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 (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 = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.12	\$6.12								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.22	\$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	\$26.97	\$8.87	\$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	\$226.08	\$120.07	\$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	\$156.74									

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

FINAL

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data					Facility Specific	State-wide
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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>				
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b> <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	\$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 Adjstms	(\$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										
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,387	FY 18 GL-PL Ins Rpt Days								34,387			
10	Net Per Diems prior to Case Mix Adjstnt 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	
11	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.3499									
12	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.46									
13	Net Per Diems after Case Mix Adjstnt 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	
14	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	\$0.00	
15	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	\$1.41	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
16	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	
17	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	
18	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5384									
19	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.21									
20	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.24	\$100.21	\$0.00	\$18.73	\$26.70	\$0.00	\$27.23	\$7.00	\$10.96	\$1.41	
<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)	\$0.75	\$0.53	\$0.00	\$0.22	\$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	\$2.51	\$2.51									
23	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sflng Add-on	\$3.01	\$3.01									
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	\$23.37	\$6.05	\$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	\$215.61	\$106.26	\$0.00	\$18.95	\$26.70	\$0.00	\$44.33	\$7.00	\$10.96	\$1.41	
27	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$148.88										

Quarterly Case Mix Per Diem Calculation

Provider: Pruitt Health - Savannah	<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/W ? : No	Case Mix Per Diem Rate Effective Date: 07/01/20	BIMS:	16.0%	0.0%	Quarterly Medicaid CMI:			1.7585	1.4961
	MDS & Nurse Hrs Data per Quarter Ending: 03/31/20	Nurse Hours per On-Site Day/Quality Incentive:	3.70	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7917	1.5223

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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			
	<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			
	<i>Per Diem Costs and Add-ons</i>											
	GL-PL Insurance Costs	FY2018 GL-PL Ins. Rpt										
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								\$ 288,717		
	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
	Allowed @ 95% of Std		\$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			1.7917							(FRV Rate)	
	Qtrly Routine Svcs Case Mix Adjsd (CMA) Net Per Diem			\$137.98								
	Quarterly Medicaid CMA Allowed Per Diem		\$238.39	\$137.98		\$19.83	\$24.87		\$22.14	\$7.13	\$25.51	\$0.92
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 0.0% o Routine Svcs)		\$0.00	\$0.00								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$4.14	\$4.14								
	Nursing Home Provider Fee		\$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		\$21.24									
	Quarterly Case Mix Based Per Diem Rate		\$259.63	\$142.12		\$19.83	\$24.87		\$39.24	\$7.13	\$25.51	\$0.92
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvd'r Fee) x 75%	\$181.89										

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data														
													Facility Score	Add-on Percent	Growth Allowance: Qtrly BIMS score	Facility Specific	State-wide	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:										
													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	\$5,573,146	\$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 Adjstmts	(\$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																											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 37,862 FY 18 GL-PL Ins Rpt Days								37,862																				
9	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																		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4305																										
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.18																										
12	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																		
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	\$116.66	\$55.18	\$0.00	\$13.26	\$16.97		\$16.46	\$7.12	6.69	\$0.98																		
											(FRV)																			
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>																													
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allownc %	\$13.62	\$7.38	\$0.00	\$1.77	\$2.27	\$0.00	\$2.20	N/A	N/A	N/A																		
16	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																		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3888																										
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.88																										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$154.60	\$86.88	\$0.00	\$15.03	\$19.24	\$0.00	\$18.66	\$7.12	\$6.69	\$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 = 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	\$176.71	\$90.89	\$0.00	\$15.25	\$19.65	\$0.00	\$36.13	\$7.12	\$6.69	\$0.98																		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$119.71																											

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data								
													Facility Score	Add-on Percent	Facility Specific	State-wide	Growth Allowance: Qtrly BIMS score	Base Period Overall CMI:	1.3401	1.3617				
			a	b	c	d	e	f	g	g	h	i	3.37	3.0%	3.37	3.0%	3.37	3.0%						
<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	1	2	1	1	1															
	<i>Peer Group Standards &amp; Efficiency Measure Limits</i>			<i>All Facilities</i>	<i>All Facilities</i>	<i>Free Standing</i>	<i>All Facilities</i>	<i>All Facilities</i>	<i>All Facilities</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	\$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 Adjstms	(\$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																						
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed 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		1.3401																				
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	\$0.69												
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																								
15	Growth Allowance Percentage =	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		1.3991																				
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.59																				
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$171.96	\$91.59	\$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 (Std - 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	\$0.00	\$0.00												
21	BIMS Add-on Per Diem =	Ln 19 Col b x CPS Add-on	\$2.29	\$2.29																				
22	Nurse Staff Hrs / Quality Add-on Per Diem =	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	\$23.30	\$5.57	\$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	\$195.26	\$97.16	\$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	\$133.62																					

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

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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>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.3624</b>					<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.54</b>		Qtrly BIMS score: <b>25.5%</b>	<b>1.0%</b>	Quarterly Medicaid CMI: <b>1.5993</b>					<b>1.4961</b>	
						Qtrly Mcaid CMI w RUG Wght Options: <b>1.6297</b>					<b>1.5223</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)		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	\$2,978,696	\$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 Adjstmts	(\$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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<b>1.3624</b>								
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	\$120.08	\$49.64	\$0.00	\$14.41	\$19.15		\$19.05	\$7.29	9.56 (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 Alwnc %	\$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	\$133.76	\$56.28	\$0.00	\$16.34	\$21.71	\$0.00	\$21.60	\$7.29	\$9.56	\$0.98
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.6297</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.72								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$169.20	\$91.72	\$0.00	\$16.34	\$21.71	\$0.00	\$21.60	\$7.29	\$9.56	\$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>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.92	\$0.92								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Sflng Add-on	\$2.75	\$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	\$22.30	\$4.20	\$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	\$191.50	\$95.92	\$0.00	\$16.56	\$22.12	\$0.00	\$39.07	\$7.29	\$9.56	\$0.98
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$130.80									

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

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL 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	\$5,119,026	\$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		1.4255								
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 =	Ln 14 x Grwth Allwnc %	\$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		1.6648								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.27								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$186.77	\$113.27	\$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 ((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	\$2.83	\$2.83								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$3.40	\$3.40								
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	\$24.86	\$6.76	\$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	\$211.63	\$120.03	\$0.00	\$14.88	\$20.99	\$0.00	\$37.46	\$8.46	\$8.89	\$0.92
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$145.90									

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

FINAL

Provider: <b>PruittHealth- Sylvester</b>				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: <b>00143206A</b>				N/A	13.37%	Base Period Overall CMI:			1.3730	1.4014
Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>				24.7%	1.0%	Quarterly Medicaid CMI:			1.3799	1.4961
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>				Nurse Hours per On-Site Day/Quality Incentive: <b>3.67</b>	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4039	1.5223

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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	<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 12/31/14 C/R - FY 18 GL-PL Rpt	\$4,586,469	\$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 Adjstmt 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 Adjstmt 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 Allwnc %	\$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				1.4039						
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$76.47								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$157.29	\$76.47	\$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 ((Stnd - Atwdj) 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	\$0.76	\$0.76								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.29	\$2.29								
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	\$21.27	\$3.58	\$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	\$178.56	\$80.05	\$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	\$121.10									

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

FINAL

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	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Score	Add-on Percent	Facility Specific	State-wide
													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</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	\$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 Adjstmnts	(\$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																			
	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 Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$138.03	\$76.87	\$0.00	\$14.50	\$18.59	(with L&H)	\$17.95	\$7.59	\$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 Adjstmt 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 (Alter 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	\$0.78										
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																						
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allownc %	\$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 Qtr End		1.4385																		
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.97																		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$155.89	\$82.97	\$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 - 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 Slfng 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	\$23.19	\$5.09	\$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	\$179.08	\$88.06	\$0.00	\$16.66	\$21.49	\$0.00	\$37.82	\$7.59	\$6.68	\$0.78										
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$121.49																			

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

FINAL

Provider: <b>PruittHealth - Toomsboro, LLC</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: <b>00409494A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.3444</b>					<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.01</b>		Qltry BIMS score: <b>40.9%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.5466</b>					<b>1.4961</b>	
					<b>3.0%</b>	Qltry Mcaid CMI w RUG Wght Options: <b>1.5758</b>					<b>1.5223</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	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	20,394									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 20,031								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 qlrs of FY12		<u>1.3444</u>								
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, AllOthr = 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	\$1.24
											(FRV)	
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Alwnc %	\$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 Qlr End		<u>1.5758</u>								
18	Qltry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.35								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$186.18	\$100.35	\$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 ((Std - Alw) 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	\$2.51	\$2.51								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$3.01	\$3.01								
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	\$24.15	\$6.05	\$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	\$210.33	\$106.40	\$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	\$144.92									

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

FINAL

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
<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	\$5,327,017	\$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									
	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 Adjstld (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.82								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllQtr = 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 Allownc %	\$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		1.5830								
18	Qtrly Routine Svcs Case Mix Adjstld (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.17								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllQtr = Ln 16	\$178.09	\$100.17	\$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 - 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	\$0.00	\$0.00
21	BIEMS 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 Stfng Add-on	\$3.01	\$3.01								
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	\$23.77	\$6.04	\$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	\$201.86	\$106.21	\$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	\$138.57									

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

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Provider: <b>PruittHealth - Virginia Park</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: <b>00140401A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.4219</b>					<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.40</b>		Qtrly BIMS score: <b>30.6%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.5611</b>					<b>1.4961</b>	
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.5881</b>					<b>1.5223</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)		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	\$8,547,096	\$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									
	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.4219</u>								
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		\$20.58	\$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		\$20.58	\$7.41	11.90 (FRV)	\$1.86
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Growth 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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.5881</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$128.75								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$213.33	\$128.75	\$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 ((Snd - Atwd] 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	\$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	\$3.22	\$3.22								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$3.86	\$3.86								
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	\$24.81	\$7.08	\$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>\$238.14</b>	<b>\$135.83</b>	<b>\$0.00</b>	<b>\$20.56</b>	<b>\$20.17</b>	<b>\$0.00</b>	<b>\$40.41</b>	<b>\$7.41</b>	<b>\$11.90</b>	<b>\$1.86</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$165.78</b>									

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

FINAL

Provider: <b>Pruitt Health - Washington</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: <b>00143569A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.5606</b>					<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.19</b>		Qtrly BIMS score: <b>51.3%</b>	<b>5.5%</b>	Quarterly Medicaid CMI: <b>1.6780</b>					<b>1.4961</b>	
						Qtrly Mcaid CMI w RUG Wght Options: <b>1.7102</b>					<b>1.5223</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)		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	\$2,448,193	\$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 Adjstmts	(\$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									
9	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.5606</u>								
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 = <u>13.37%</u>	Ln 14 x Grwth Allownc %	\$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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.7102</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.79								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$175.03	\$93.79	\$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 (Stnd - 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	\$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	\$5.16	\$5.16								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.81	\$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	\$26.23	\$8.50	\$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	\$201.26	\$102.29	\$0.00	\$16.18	\$24.83	\$0.00	\$40.41	\$7.65	\$8.61	\$1.29
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$138.12									

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

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL 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	\$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 Adjstmnts	(\$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		\$20.58	\$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		1.2659								
18	Qrtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.13								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$176.26	\$90.13	\$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 ((Std - Ahd) 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 = 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	\$19.77	\$2.33	\$0.00	\$0.22	\$0.00	\$0.00	\$17.22	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$196.03	\$92.46	\$0.00	\$17.02	\$26.18	\$0.00	\$40.35	\$8.34	\$10.06	\$1.62
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$134.20									

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

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Provider: <b>Quiet Oaks Health 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>00370851A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.2112</b>					<b>1.2112</b>	<b>1.3617</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.28</b>		Qtrly BIMS score: <b>52.4%</b>	<b>5.5%</b>	Quarterly Medicaid CMI: <b>1.4564</b>					<b>1.4564</b>	<b>1.4961</b>
					<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.4856</b>					<b>1.4856</b>	<b>1.5223</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	\$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	22,301									
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 =	Ln 14 x Grwth Allwnc %	\$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		1.4856								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$87.93								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$167.44	\$87.93	\$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 - 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 =	Ln 19 Col b x CPS Add-on	\$4.84	\$4.84								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Sifng Add-on	\$1.76	\$1.76								
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	\$24.82	\$7.13	\$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	\$192.26	\$95.06	\$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	\$131.37									

Quarterly Case Mix Per Diem Calculation

Provider: Quinton Memorial Health Care	<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: 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: 07/01/20	BIMS:	18.0%	0.0%	Quarterly Medicaid CMI:		1.4197	1.4961
	MDS & Nurse Hrs Data per Quarter Ending: 03/31/20	Nurse Hours per On-Site Day/Quality Incentive:	2.97	3.0%	Qtrly Mcaid CMI w RUG Wght Options:		1.4440	1.5223

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	
<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			
	<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>Per Diem Costs and Add-ons</b>											
	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
	<u>Allowed @ 95% of Std</u>		\$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			<u>1.4440</u>							(FRV Rate)	
	Qrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$111.21								
	Quarterly Medicaid CMA Allowed Per Diem		\$198.15	\$111.21		\$19.83	\$24.87		\$22.14	\$0.29	\$19.72	\$0.09
	<b>Quarterly Per Diem Add-On Amounts</b>											
	BIMS Add-on Per Diem = 0.0% x Routine Svcs)		\$0.00	\$0.00								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$3.34	\$3.34								
	Nursing Home Provider Fee		\$17.10						17.10			
	<b>Total Quarterly Per Diem Add-On Amounts</b>		\$20.44									
	<b>Quarterly Case Mix Based Per Diem Rate</b>		<b>\$218.58</b>	<b>\$114.54</b>		<b>\$19.83</b>	<b>\$24.87</b>		<b>\$39.24</b>	<b>\$0.29</b>	<b>\$19.72</b>	<b>\$0.09</b>
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%		<b>\$151.11</b>									

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

FINAL

Provider: <b>Regency Park Health Care</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Pvdr ID: <b>00837207A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.4547</b>					<b>1.4547</b>	<b>1.3617</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score: <b>3.4%</b>	<b>0.0%</b>	Quarterly Medicaid CMI: <b>1.3857</b>					<b>1.3857</b>	<b>1.4961</b>
				3.56	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.4104</b>					<b>1.4104</b>	<b>1.5223</b>
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskng	Plant Operatns & Maint	Admin 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	\$6,119,462	\$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	34,984									
8	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 33,329								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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage =	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		1.4104								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.06								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$198.30	\$112.06	\$0.00	\$20.87	\$24.10	\$0.00	\$20.42	\$0.30	\$20.47	\$0.08
<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)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem =	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$3.36	\$3.36								
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	\$21.77	\$3.89	\$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	\$220.07	\$115.95	\$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	\$152.23									

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

FINAL

Provider: <b>Rehabilitation Center of South Georgia</b>	<u>Add-on Data and Percentages</u>			Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide	
Pvdr ID: <b>00143283A</b>	Case Mix Per Diem Rate Effective Date: <b>07/01/20</b>			Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.1416			1.3699		
	MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>			Qtrly BIMS score: 44.4%	2.5%	Quarterly Medicaid CMI: 1.5020			1.4961		
		Nurse Hours per On-Site Day/Quality Incentive:			3.95	2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5282			1.5223	

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 <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 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 Realocations to Cost Center Costs	FY13 C/R Audit Adjstmts	(\$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 Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$127.32	\$70.82	\$0.00	\$14.35	\$19.36	<i>(with L&amp;H)</i>	\$17.28	\$1.67	\$2.82	\$1.02
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		<u>1.1416</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.03								
12	Net Per Diems after Case Mix Adjstmt 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 <i>(FRV)</i>	\$1.02
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Allwnc %	\$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		<u>1.5282</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.46								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$176.66	\$107.46	\$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 ((Std - Atwdj) 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 = 2.0% (to Routine Svcs)	Ln 19 Col b x Slfng 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	\$23.47	\$5.37	\$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	\$200.13	\$112.83	\$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	\$137.27									

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

FINAL

Provider: <b>Reliable Health and Rehab</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvd ID: <b>321026473A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.4077</b>				<b>1.4077</b>	<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>4.00</b>		Qtrly BIMS score: <b>44.4%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.7511</b>				<b>1.7511</b>	<b>1.4961</b>	
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.7844</b>				<b>1.7844</b>	<b>1.5223</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	\$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	FY12 Audited C/R Days	33,132									
	Total Nursing Facility Days GL-PL, Ins, Rpt As Filed Days = 30,538	FY 18 GL-PL Ins Rpt Days								30,538		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$148.28	\$83.63	\$0.00	\$13.22	\$22.55	(with L&H)	\$22.60	\$3.79	\$0.64	\$1.85
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4077								
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 = 13.37%	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		1.7844								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.18								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$200.27	\$120.18	\$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 - Awd) 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 = 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 Stfng Add-on	\$3.61	\$3.61								
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	\$24.86	\$7.14	\$0.00	\$0.22	\$0.40	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$225.13	\$127.32	\$0.00	\$15.21	\$25.96	\$0.00	\$40.41	\$3.79	\$10.59	\$1.85
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$156.02									

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

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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
<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	\$7,386,844	\$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 Adjstms	(\$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	FY12 Audited C/R Days	51,744									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 44,450	FY 18 GL-PL Ins Rpt 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
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		1.6746								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$73.55								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$152.61	\$73.55	\$0.00	\$13.71	\$11.97	\$0.00	\$23.31	\$21.85	\$7.18	\$1.04
<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	\$1.84	\$1.84								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$2.21	\$2.21								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.31	\$4.58	\$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	\$174.92	\$78.13	\$0.00	\$13.93	\$12.38	\$0.00	\$40.41	\$21.85	\$7.18	\$1.04
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$118.37									

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

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Provider: <b>Resorts at Pooler</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: <b>00238741A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.2677</b>					<b>1.2677</b>	<b>1.3617</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score: <b>36.2%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.4854</b>					<b>1.4854</b>	<b>1.4961</b>
				2.87	<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.5101</b>					<b>1.5101</b>	<b>1.5223</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	\$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 Adjstms	(\$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									
	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		1.5101								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.52								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$163.24	\$90.52	\$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 ((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	\$2.26	\$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	\$185.94	\$95.12	\$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	\$126.63									

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

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Provider: <b>Ridgewood 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>00142744A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.3042</b>				<b>1.3617</b>		
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>2.93</b>		Qtrly BIMS score: <b>37.4%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.3280</b>				<b>1.4961</b>		
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.3490</b>				<b>1.5223</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	\$5,189,983	\$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 Adjstmts	(\$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	34,794									
9	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 36,238								36,238		
9	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
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<b>1.3042</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.66								
12	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
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	\$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>												
15	Growth Allowance Percentage =	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
16	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
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.3490</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.94								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$168.58	\$101.94	\$0.00	\$17.97	\$22.90	\$0.00	\$17.39	\$0.28	\$8.01	\$0.09
<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 =	Ln 19 Col b x CPS Add-on	\$2.55	\$2.55								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Slfng 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	\$24.24	\$6.14	\$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	\$192.82	\$108.08	\$0.00	\$18.19	\$23.31	\$0.00	\$34.86	\$0.28	\$8.01	\$0.09
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$131.79									

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

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data					Facility Specific	State-wide
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related		
			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	\$7,579,475	\$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 Adjstmts	(\$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	59,753										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 34,467								34,467			
9	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	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4711									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$41.72									
12	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	
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	\$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>												
15	Growth Allowance Percentage =	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	
16	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	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8485									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$87.43									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$150.13	\$87.43	\$0.00	\$14.94	\$17.27	\$0.00	\$20.00	\$2.18	\$7.46	\$0.85	
	<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 =	Ln 19 Col b x CPS Add-on	\$4.81	\$4.81									
22	Nurse Staff Hrs / Quality Add-on Per Diem =	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	\$25.19	\$7.09	\$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	\$175.32	\$94.52	\$0.00	\$15.16	\$17.68	\$0.00	\$37.47	\$2.18	\$7.46	\$0.85	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$118.67										

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

FINAL

Provider: Riverdale Place Care and Rehab		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: 00083289A		Case Mix Per Diem Rate Effective Date: 7/1/2020		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.5593					1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		Nurse Hours per On-Site Day/Quality Incentive:		43.9%	2.5%	Quarterly Medicaid CMI: 1.4819					1.4961	
				3.22	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5086					1.5223	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$7,549,117	\$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 Adjstmts	(\$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	52,862									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 50,021								50,021		
9	Net Per Diems prior to Case Mix Adjstml 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
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5593								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$39.57								
12	Net Per Diems after Case Mix Adjstml 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
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	\$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>												
15	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
16	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
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5086								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$67.68								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$133.45	\$67.68	\$0.00	\$14.58	\$16.71	\$0.00	\$23.31	\$1.55	\$8.79	\$0.83
<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	\$1.69	\$1.69								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (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	\$21.98	\$4.25	\$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	\$155.43	\$71.93	\$0.00	\$14.80	\$17.12	\$0.00	\$40.41	\$1.55	\$8.79	\$0.83
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$103.75									

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

FINAL

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>Provider: Riverside Health &amp; Rheab of Thomaston</b> <b>Prvdr ID: 00140346A</b> Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20 Growth Allowance: N/A Qtrly BIMS score: 45.6% Nurse Hours per On-Site Day/Quality Incentive: 3.51 Facility Score: N/A Add-on Percent: 13.37% 5.5% 3.0% Base Period Overall CMI: 1.1990 Quarterly Medicaid CMI: 1.4916 Qtrly Mcaid CMI w RUG Wght Options: 1.5171 1.5223												
<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	\$3,768,047	\$1,921,998	\$0	\$433,814	\$281,964	\$209,067	\$568,282	\$69,795	\$283,127	\$0
6	Audit Adjustments and Realocations 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								
	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&f)	\$21.11	\$2.84	\$10.06	\$0.81
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1990								
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 =	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		1.5171								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.67								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$182.23	\$105.67	\$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 ((Stnd - 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 =	Ln 19 Col b x CPS Add-on	\$5.81	\$5.81								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Sifng 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	\$27.24	\$9.51	\$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	\$209.47	\$115.18	\$0.00	\$18.99	\$21.75	\$0.00	\$40.41	\$2.84	\$9.49	\$0.81
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$144.28									

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

FINAL

Provider: <b>Riverside Healthcare 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>00140324A</b>	Case Mix Per Diem Rate Effective Date: <b>07/01/20</b>			Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.4742</b>			<b>1.3699</b>	
	MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>			Qtrly BIMS score: <b>37.5%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.4542</b>			<b>1.4961</b>	
	Nurse Hours per On-Site Day/Quality Incentive:			<b>3.23</b>	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.4792</b>			<b>1.5223</b>	

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> <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 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)		(\$86,512)	\$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 Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 52,821 As Filed Days = 52,896	52,821							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	<i>(with L&amp;H)</i>	\$25.36	\$3.86	\$31.94	\$1.30
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY10		<u>1.4742</u>								
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	\$1.30
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage =	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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.4792</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$78.47								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$151.18	\$78.47	\$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 ((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 =	Ln 19 Col b x CPS Add-on	\$1.96	\$1.96								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Slfng 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	\$22.57	\$4.84	\$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	\$173.75	\$83.31	\$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	\$117.49									

Quarterly Case Mix Per Diem Calculation

Provider: Riverview Health & Rehab Ctr	<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: 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: 07/01/20	BIMS:	21.6%	1.0%	Quarterly Medicaid CMI:		1.4367	1.4961
	MDS & Nurse Hrs Data per Quarter Ending: 03/31/20	Nurse Hours per On-Site Day/Quality Incentive:	3.53	2.0%	Qtrly Mcaid CMI w RUG Wght Options:		1.4600	1.5223

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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										
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								\$ 183,420		
	Standard Per Diem (After CMA for Routine Svcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56	52,177	\$29.14	\$0.45
	<u>Allowed @ 95% of Std</u>		\$156.48	\$67.93		\$17.49	\$21.94		\$19.53		\$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			<u>1.4600</u>								
	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$112.44							(FRV Rate)	
	Quarterly Medicaid CMA Allowed Per Diem		\$212.39	\$112.44		\$19.83	\$24.87		\$22.14	\$3.52	\$29.14	\$0.45
	<b>Quarterly Per Diem Add-On Amounts</b>											
	BIMS Add-on Per Diem = 1.0% of Routine Svcs)		\$1.12	\$1.12								
	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%		\$2.25	\$2.25								
	Nursing Home Provider Fee		\$17.10						17.10			
	<b>Total Quarterly Per Diem Add-On Amounts</b>		\$20.47									
	<b>Quarterly Case Mix Based Per Diem Rate</b>		\$232.86	\$115.81		\$19.83	\$24.87		\$39.24	\$3.52	\$29.14	\$0.45
	<b>Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%</b>	\$161.82										

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

FINAL

Provider: <b>Roberta Health Care</b>			Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State-wide
Prvdr ID: <b>00142777A</b>			45.7%	13.37%	Base Period Overall CMI:	1.4576	1.3617
Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance:	N/A		Quarterly Medicaid CMI:	1.6733	1.4961
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Qtrly BIMS score:	5.5%		Qtrly Mcaid CMI w RUG Wght Options:	1.7032	1.5223
		Nurse Hours per On-Site Day/Quality Incentive:	2.18	2.0%			

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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>	(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	\$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										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 29,995										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	FY 18 GL-PL Ins Rpt Days	\$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	Ln 7 / Ln 8 Col a		1.4576								
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	\$0.89
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>										(FRV)	
15	Growth Allowance Percentage = 13.37%	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		1.7032								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$65.91								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$122.03	\$65.91	\$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 ([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	\$3.63	\$3.63								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Sflng Add-on	\$1.32	\$1.32								
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	\$23.58	\$5.48	\$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	\$145.61	\$71.39	\$0.00	\$12.78	\$16.72	\$0.00	\$35.98	\$0.98	\$6.87	\$0.89
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$96.38									
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>Rockdale Healthcare</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvd ID: <b>00838252A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.6517</b>					<b>1.3617</b>	
		MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Qtrly BIMS score: <b>30.4%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.5871</b>					<b>1.4961</b>	
				Nurse Hours per On-Site Day/Quality Incentive: <b>3.92</b>	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.6136</b>					<b>1.5223</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	\$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		1.6517								
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 Allownc %	\$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		1.6136								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.09								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$171.56	\$89.09	\$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 ((Stnd - 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	\$2.23	\$2.23								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.67	\$2.67								
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	\$23.16	\$5.43	\$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	\$194.72	\$94.52	\$0.00	\$17.20	\$21.09	\$0.00	\$40.41	\$3.85	\$14.00	\$3.65
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$133.22									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Rockmart Health				Facility Score	Add-on Percent		Facility Specific	State-wide	
Prvdr ID: 003182988A			<u>Add-on Data and Percentages</u>	Growth Allowance:	N/A	13.37%	Case Mix Index (CMI) Data	Use Stwd	1.3617
H/B?: No	Case Mix Per Diem Rate Effective Date:	07/01/20		BIMS:	30.6%	2.5%	Base Period Overall CMI:	1.7101	1.4961
	MDS & Nurse Hrs Data per Quarter Ending:	03/31/20	Nurse Hours per On-Site Day/Quality Incentive:	3.78	2.0%		Quarterly Medicaid CMI:	1.7413	1.5223
							Ortrly 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	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			
	<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>Per Diem Costs and Add-ons</b>											
	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		\$36.35	\$0.00
	<u>Allowed @ 90% of Std</u>		\$156.56	\$64.36		\$16.57	\$20.78		\$18.50		\$36.35	\$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			<u>1.7413</u>							(FRV Rate)	
	Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$127.05								
	Quarterly Medicaid CMA Allowed Per Diem		\$200.55	\$127.05		\$18.79	\$23.56		\$20.97	\$1.63	\$8.55	\$0.00
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 2.5% to Routine Svcs)		\$3.18	\$3.18								
	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%		\$2.54	\$2.54								
	Nursing Home Provider Fee		\$17.10					17.1				
	<b>Total Quarterly Per Diem Add-On Amounts</b>		\$22.82									
	<b>Quarterly Case Mix Based Per Diem Rate</b>		\$223.37	\$132.77		\$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%		\$154.70									

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

FINAL

Provider: <b>Rome Health 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>00140753A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.6744</b>				<b>1.3617</b>	<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.63</b>		Qtrly BIMS score: <b>28.9%</b>	<b>1.0%</b>	Quarterly Medicaid CMI: <b>1.5771</b>				<b>1.4961</b>	<b>1.4961</b>	
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.6047</b>				<b>1.6047</b>	<b>1.5223</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)		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	\$5,288,642	\$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 Adjstmts	(\$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	34,077									
9	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 33,075								33,075		
9	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
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.6744</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.12								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AIOthr = Ln 9		\$49.12	\$0.00	\$15.12	\$14.06		\$24.64	\$0.09	\$6.49	\$1.13
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	\$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>												
15	Growth Allowance Percentage =	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
16	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
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.6047</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.37								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AIOthr = Ln 16	\$161.62	\$89.37	\$0.00	\$17.14	\$15.94	\$0.00	\$23.31	\$0.09	\$14.64	\$1.13
<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)	\$1.16	\$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	\$0.89	\$0.89								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	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	\$21.83	\$4.10	\$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	\$183.45	\$93.47	\$0.00	\$17.36	\$16.35	\$0.00	\$40.41	\$0.09	\$14.64	\$1.13
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$124.76									

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

FINAL

Provider: <b>Rose City Health and Rehab Ctr</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: <b>00083311A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>	Growth Allowance: <b>N/A</b>	N/A	13.37%	Base Period Overall CMI: <b>1.5200</b>					1.5200	1.3617
		MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>	Qtrly BIMS score: <b>45.5%</b>	45.5%	5.5%	Quarterly Medicaid CMI: <b>1.7520</b>					1.7520	1.4961
			Nurse Hours per On-Site Day/Quality Incentive: <b>2.85</b>	2.85	2.0%	Qtrly Mcaid CMI w RUG Wght Options: <b>1.7842</b>					1.7842	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and Generat	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	\$3,126,174	\$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 Adjstmnts	(\$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	23,503									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 23,180								23,180		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.5200</u>								
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 =	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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.7842</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	\$159.93	\$92.48	\$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 - 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 =	Ln 19 Col b x CPS Add-on	\$5.09	\$5.09								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng 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	\$25.20	\$7.47	\$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>\$185.13</b>	<b>\$99.95</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>\$126.02</b>									

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

FINAL

Provider: <b>Roselane 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>00831751A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.5874</b>				<b>1.5874</b>	<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.69</b>		Qtrly BIMS score: <b>25.5%</b>	<b>1.0%</b>	Quarterly Medicaid CMI: <b>1.6768</b>				<b>1.6768</b>	<b>1.4961</b>	
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.7064</b>				<b>1.7064</b>	<b>1.5223</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	\$7,863,251	\$4,527,903	\$0	\$783,412	\$278,374	\$481,065	\$1,196,566	\$3,214	\$592,717	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$86,774)	\$14,162	\$0	\$0	\$0	\$0	(\$100,936)		(\$105,761)	\$105,761
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,776,477	\$4,542,065	\$0	\$783,412	\$278,374	\$481,065	\$1,095,630	\$3,214	\$486,956	\$105,761
8	Total Nursing Facility Days As Filed Days = 45,393	FY12 Audited C/R Days	45,393									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 44,524	FY 18 GL-PL Ins Rpt Days								44,524		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$171.32	\$100.06	\$0.00	\$17.26	\$16.73	(with L&H)	\$24.14	\$0.07	\$10.73	\$2.33
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5874								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.04								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$63.04	\$0.00	\$17.26	\$16.73		\$24.14	\$0.07	\$10.73	\$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	\$134.79	\$63.04	\$0.00	\$17.26	\$16.73		\$20.56	\$0.07	14.80 (FRV)	\$2.33
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allownc %	\$15.73	\$8.43	\$0.00	\$2.31	\$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	\$150.52	\$71.47	\$0.00	\$19.57	\$18.97	\$0.00	\$23.31	\$0.07	\$14.80	\$2.33
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7064								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.96								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$201.01	\$121.96	\$0.00	\$19.57	\$18.97	\$0.00	\$23.31	\$0.07	\$14.80	\$2.33
<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	\$1.22	\$1.22								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Strng 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	\$23.14	\$5.41	\$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	\$224.15	\$127.37	\$0.00	\$19.79	\$19.38	\$0.00	\$40.41	\$0.07	\$14.80	\$2.33
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$155.29									

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

FINAL

Provider: <b>Rosemont at Stone Mountain</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: <b>00587331A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.2404</b>					<b>1.2404</b>	<b>1.3617</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.45</b>		Qtrly BIMS score: <b>50.9%</b>	<b>5.5%</b>	Quarterly Medicaid CMI: <b>1.6648</b>					<b>1.6648</b>	<b>1.4961</b>
					<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.6957</b>					<b>1.6957</b>	<b>1.5223</b>
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> 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	\$6,929,612	\$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									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 49,615	FY 18 GL-PL Ins Rpt Days								49,615		
9	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
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2404								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.57								
12	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
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	\$124.90	\$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>												
15	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
16	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
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6957								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.68								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.61	\$110.68	\$0.00	\$16.59	\$19.70	\$0.00	\$19.65	\$3.28	\$12.06	\$2.65
<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 = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.09	\$6.09								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.21	\$2.21								
23	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	\$8.83	\$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	\$211.54	\$119.51	\$0.00	\$16.81	\$20.11	\$0.00	\$37.12	\$3.28	\$12.06	\$2.65
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$145.83									

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

FINAL

Provider: <b>Ross Memorial Health 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>00142942A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.2961</b>					<b>1.2961</b>	<b>1.3617</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		<b>38.1%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.4344</b>					<b>1.4344</b>	<b>1.4961</b>
				<b>4.19</b>	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.4550</b>					<b>1.4550</b>	<b>1.5223</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)		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	\$5,274,989	\$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	32,995									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 30,584								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		<b>1.2961</b>								
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 = <u>13.37%</u>	Ln 14 x Grwth Allownc %	\$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		<b>1.4550</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.46								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$190.08	\$108.46	\$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 (Stnd - 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 = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.71	\$2.71								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$3.25	\$3.25								
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	\$24.37	\$6.49	\$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>\$214.45</b>	<b>\$114.95</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>\$148.01</b>									



Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Sadie G. Mays Health & Rehab Center		Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State-wide
Pvdr ID: 00141842A		Growth Allowance:	13.37%	Base Period Overall CMI:	1.3125	1.3617
H/B ? : No	Case Mix Per Diem Rate Effective Date: 07/01/20	BIMS: 44.3%	2.5%	Quarterly Medicaid CMI:	1.3426	1.4961
	MDS & Nurse Hrs Data per Quarter Ending: 03/31/20	Nurse Hours per On-Site Day/Quality Incentive: 3.15	3.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.3641	1.5223

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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								\$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 Svcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$36.35	\$0.54
	<u>Allowed @ 90% of Std</u>		\$157.10	\$64.36		\$16.57	\$20.78		\$18.50		\$36.35	\$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			<u>1.3641</u>							(FRV Rate)	
	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$89.53								
	Quarterly Medicaid CMA Allowed Per Diem		\$177.12	\$89.53		\$18.79	\$23.56		\$20.97	\$2.89	\$10.84	\$0.54
	<b>Quarterly Per Diem Add-On Amounts</b>											
	BIMS Add-on Per Diem = 2.5% to Routine Svcs)		\$2.49	\$2.49								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$2.99	\$2.99								
	Nursing Home Provider Fee		\$0.00									
	<b>Total Quarterly Per Diem Add-On Amounts</b>		\$5.47									
	<b>Quarterly Case Mix Based Per Diem Rate</b>		\$182.59	\$105.01		\$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%		\$136.94									

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

FINAL

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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 Allwnc %	\$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		1.4086								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.97								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$166.78	\$97.97	\$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 ((Stnd - 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 = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.39	\$5.39								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Slfng 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	\$25.98	\$7.88	\$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	\$192.76	\$105.85	\$0.00	\$17.34	\$19.41	\$0.00	\$37.65	\$2.28	\$9.49	\$0.74
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$131.75									

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

FINAL

Provider: <b>Scepter 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>00169199A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>		<b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.3690</b>				<b>1.3617</b>	<b>1.3617</b>
		MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.47</b>		<b>42.0%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.4567</b>				<b>1.4961</b>	<b>1.4961</b>
						<b>3.47</b>	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.4798</b>				<b>1.4798</b>	<b>1.5223</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	\$9,561,164	\$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 Adjstmts	(\$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 Gnwth 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		1.4798									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.90									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$176.38	\$97.90	\$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 (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	\$2.45	\$2.45									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Cot b x Sifng Add-on	\$2.94	\$2.94									
23	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	\$5.92	\$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	\$200.03	\$103.82	\$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	\$137.20										

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

FINAL

Provider: <b>Scott Health &amp; Rehabilitation</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: <b>00141644A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.3422</b>					<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.47</b>		Qtrly BIMS score: <b>34.8%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.4840</b>					<b>1.4961</b>	
				Qtrly Mcaid CMI w RUG Wght Options: <b>3.47</b>	<b>3.0%</b>						<b>1.5097</b>	<b>1.5223</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)		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	\$2,629,423	\$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 Adjstmnts	(\$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	As Filed Days = 19,289										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 19,880								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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.3422</u>								
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 = <u>13.37%</u>	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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.5097</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.70								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$167.86	\$94.70	\$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 ((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	\$2.37	\$2.37								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.84	\$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	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$191.70	\$100.44	\$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	\$130.95									

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

FINAL

Provider: <b>Sears Manor</b> Prvdr ID: <b>00142898A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b> MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</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:			1.2990	1.3617	
				Qtrly BIMS score	34.4%	2.5%	Quarterly Medicaid CMI:			1.4373	1.4961	
				Nurse Hours per On-Site Day/Quality Incentive:	4.30	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4601	1.5223	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$4,058,947	\$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 Adjstrts	(\$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									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,219	FY 18 GL-PL Ins Rpt Days								27,219		
9	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
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2990								
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	\$15.99	\$18.32		\$17.69	\$2.15	\$10.77	\$0.88
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	\$122.98	\$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>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14.72	\$7.76	\$0.00	\$2.14	\$2.45	\$0.00	\$2.37	N/A	N/A	N/A
16	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
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4601								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.12								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$167.99	\$96.12	\$0.00	\$18.13	\$20.77	\$0.00	\$20.06	\$2.15	\$9.88	\$0.88
<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)	\$1.53	\$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	\$2.40	\$2.40								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (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	\$191.90	\$101.93	\$0.00	\$18.35	\$21.18	\$0.00	\$37.53	\$2.15	\$9.88	\$0.88
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$131.10									

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

FINAL

Provider: <b>Seminole 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>00142909A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.2760</b>				<b>1.3617</b>		
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>4.18</b>		Qtrly BIMS score: <b>30.2%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.1429</b>				<b>1.4961</b>		
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.1573</b>				<b>1.5223</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	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	\$4,031,689	\$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									
9	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 Allwnc %	\$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		1.1573								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$87.38								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$179.78	\$87.38	\$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 - 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 = 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 Slfng 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	\$22.43	\$5.33	\$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	\$202.21	\$92.71	\$0.00	\$33.05	\$26.18	\$0.00	\$40.41	\$0.27	\$9.04	\$0.55
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$138.83									

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

FINAL

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data					Facility Specific	State-wide
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related		
			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	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	\$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, AllOthr = 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	\$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	\$155.23	\$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		1.4624									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.56									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$210.44	\$118.56	\$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 - Actd) 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	\$0.00	\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.19	\$1.19									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$3.56	\$3.56									
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	\$5.38	\$4.75	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$215.82	\$123.31	\$0.00	\$20.68	\$25.84	\$0.00	\$23.31	\$3.80	\$16.57	\$2.31	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$161.87										

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

FINAL

Provider: <b>Senior Care Ctr.- St. Marys</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: <b>00143129A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.2093</b>					<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score: <b>27.8%</b>	<b>1.0%</b>	Quarterly Medicaid CMI: <b>1.3425</b>					<b>1.4961</b>	
				<b>3.76</b>	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.3645</b>					<b>1.5223</b>	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskng	Plant Operatns & Maint	Admin 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	\$4,098,594	\$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 Adjstms	(\$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 =	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		1.3645								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.62								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$197.10	\$110.62	\$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 (Stnd - Atwd) 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	\$1.11	\$1.11								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	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	\$21.75	\$4.43	\$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	\$218.85	\$115.05	\$0.00	\$20.52	\$26.18	\$0.00	\$40.41	\$5.11	\$10.41	\$1.17
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$151.31									

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

FINAL

Provider: <b>Signature HC of Buckhead</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Pvdr ID: <b>00040763A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.5246</b>				<b>1.3617</b>		
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.06</b>		Qtrly BIMS score: <b>33.0%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.5640</b>				<b>1.4961</b>		
					<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.5933</b>				<b>1.5223</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	\$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 Adjstmts	(\$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 Allwnc %	\$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		1.5933								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.89								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$201.86	\$113.89	\$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 ((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	\$2.85	\$2.85								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.28	\$2.28								
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	\$23.39	\$5.66	\$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	\$225.25	\$119.55	\$0.00	\$19.13	\$22.60	\$0.00	\$40.41	\$9.07	\$10.13	\$4.36
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$156.11									

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

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data					Facility Specific	State-wide
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	1	2	1	1	1				
	<i>Peer Group Standards &amp; Efficiency Measure Limits</i>			<i>All Facilities</i>	<i>All Facilities</i>	<i>Free Standing</i>	<i>All Facilities</i>	<i>All Facilities</i>	<i>All Facilities</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	\$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 Adjstmts	(\$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&F)	\$35.47	\$1.99	\$24.77	\$2.05	
10	Base Period Facility <u>Case Mix Index</u> 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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.8025									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$135.06									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$216.77	\$135.06	\$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 ((Stnd - Ahd) 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	\$1.35	\$1.35									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$4.05	\$4.05									
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	\$23.44	\$5.93	\$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	\$240.21	\$140.99	\$0.00	\$20.87	\$21.54	\$0.00	\$40.41	\$1.99	\$12.36	\$2.05	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$167.33										

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

FINAL

Provider: <b>Signature Healthcare of Savannah</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: <b>00083157A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>		<b>13.37%</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.6565</b>				<b>1.3617</b>	
		MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Qtrly BIMS score: <b>17.0%</b>		<b>0.0%</b>	<b>0.0%</b>	Quarterly Medicaid CMI: <b>1.6056</b>				<b>1.4961</b>	
				Nurse Hours per On-Site Day/Quality Incentive: <b>3.55</b>		<b>3.0%</b>	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.6365</b>				<b>1.5223</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)		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	\$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	39,800										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 38,127								38,127			
9	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	
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.6565</u>									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.31									
12	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	
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	\$111.56	\$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>													
15	Growth Allowance Percentage =	Ln 14 x Gwrth Allwnc %	\$13.26	\$6.73	\$0.00	\$1.94	\$1.84	\$0.00	\$2.75	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$124.82	\$57.04	\$0.00	\$16.42	\$15.63	\$0.00	\$23.31	\$0.92	\$10.25	\$1.25	
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.6365</u>									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.35									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$161.13	\$93.35	\$0.00	\$16.42	\$15.63	\$0.00	\$23.31	\$0.92	\$10.25	\$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)	\$1.16	\$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	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Slfng Add-on	\$2.80	\$2.80									
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	\$21.06	\$3.33	\$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>\$182.19</b>	<b>\$96.68</b>	<b>\$0.00</b>	<b>\$16.64</b>	<b>\$16.04</b>	<b>\$0.00</b>	<b>\$40.41</b>	<b>\$0.92</b>	<b>\$10.25</b>	<b>\$1.25</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$123.82</b>										

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

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Provider: <b>Smith Medical Nursing Care Center</b>			Facility Score	Add-on Percent		Facility Specific	State-wide
Prvdr ID: <b>00143008A</b>			<u>Add-on Data and Percentages</u>		<u>Case Mix Index (CMI) Data</u>		
Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>	Growth Allowance: <b>N/A</b>	13.37%			Base Period Overall CMI: <b>0.9535</b>	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>	Qtrly BIMS score: <b>35.6%</b>	2.5%			Quarterly Medicaid CMI: <b>0.9918</b>	1.4961	
	Nurse Hours per On-Site Day/Quality Incentive: <b>2.07</b>	0.0%			Qtrly Mcaid CMI w RUG Wght Options: <b>1.0025</b>	1.5223	

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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 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	\$1,363,450	\$642,300	\$0	\$167,569	\$80,015	\$112,658	\$279,616	\$50,009	\$31,283	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$25,559)	\$0	\$0	\$0	\$0	(\$235)	(\$24,756)		(\$15,417)	\$14,849
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$1,337,891	\$642,300	\$0	\$167,569	\$80,015	\$112,423	\$254,860	\$50,009	\$15,866	\$14,849
8	Total Nursing Facility Days	As Filed Days = 16,988 FY 18 GL-PL Ins Rpt Days	16,988									
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$78.61	\$37.81	\$0.00	\$9.86	\$11.33	(with L&H)	\$15.00	\$2.81	\$0.93	\$0.87
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>0.9535</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$39.65								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$39.65	\$0.00	\$9.86	\$11.33		\$15.00	\$2.81	\$0.93	\$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	\$89.70	\$39.65	\$0.00	\$9.86	\$11.33		\$15.00	\$2.81	10.18 (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 Allownc %	\$10.14	\$5.30	\$0.00	\$1.32	\$1.51	\$0.00	\$2.01	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$99.84	\$44.95	\$0.00	\$11.18	\$12.84	\$0.00	\$17.01	\$2.81	\$10.18	\$0.87
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.0025</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$45.06								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$99.95	\$45.06	\$0.00	\$11.18	\$12.84	\$0.00	\$17.01	\$2.81	\$10.18	\$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 = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.13	\$1.13								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>0.0%</u> (to Routine Svcs)	Ln 19 Col b x Sfing 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	\$19.76	\$1.66	\$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	\$119.71	\$46.72	\$0.00	\$11.40	\$13.25	\$0.00	\$34.48	\$2.81	\$10.18	\$0.87
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$76.96									
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 FY14 Cost Report Data

FINAL

Provider: <b>Social Circle Nursing 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>00143041A</b>	Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>	MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>	Nurse Hours per On-Site Day/Quality Incentive:	Growth Allowance: <b>N/A</b>	Qtrly BIMS score: <b>32.0%</b>	3.30	13.37%	2.5%	Base Period Overall CMI: <b>1.5267</b>	1.4014
				3.30	3.0%		Quarterly Medicaid CMI: <b>1.6079</b>	1.4961	Qtrly Mcaid CMI w RUG Wght Options: <b>1.6377</b>	1.5223

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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	\$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 Adjstms	(\$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	<i>(with L&amp;H)</i>	\$36.09	\$0.27	\$17.60	\$0.74
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		<u>1.5267</u>								
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	\$0.74
											<i>(FRV)</i>	
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
15	Growth Allowance Percentage = <u>13.4%</u>	Ln 14 x Grwth Allwnc %	\$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		<u>1.6377</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$132.93								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$210.28	\$132.93	\$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 ([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	\$3.32	\$3.32								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$3.99	\$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	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$235.85	\$140.77	\$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	\$164.06									

Quarterly Case Mix Per Diem Calculation

Provider: Southern Pines Nursing Home	<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: 00140918A	Growth Allowance:		N/A	13.37%	Base Period Overall CMI:			1.4655	1.3617
H/B?: No	Case Mix Per Diem Rate Effective Date: 07/01/20	BIMS:	48.9%	5.5%	Quarterly Medicaid CMI:			1.8123	1.4961
	MDS & Nurse Hrs Data per Quarter Ending: 03/31/20	Nurse Hours per On-Site Day/Quality Incentive:	3.87	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.8486	1.5223

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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			
	<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			
	<i>Per Diem Costs and Add-ons</i>											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt										
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								\$ 54,433		
	Standard Per Diem (After CMA for Routine Svcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56	20,467	\$32.84	\$0.91
	<u>Allowed @ 95% of Std</u>		\$160.64	\$67.93		\$17.49	\$21.94		\$19.53		\$32.84	\$0.91
	Growth Allowance 13.4%		\$16.97	\$9.08		\$2.34	\$2.93		\$2.61			
	CMA Allowed Per Diem (After Growth Allowance)		\$180.34	\$77.01		\$19.83	\$24.87		\$22.14	\$ 2.73	\$32.84	\$0.91
	Quarterly Facility Case Mix Index for Medicaid Residents			<u>1.8486</u>								
	Qrtly Routine Svcs Case Mix Adjsld (CMA) Net Per Diem			\$142.36							(FRV Rate)	
	Quarterly Medicaid CMA Allowed Per Diem		\$245.69	\$142.36		\$19.83	\$24.87		\$22.14	\$2.73	\$32.84	\$0.91
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 5.5% o Routine Svcs		\$7.83	\$7.83								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$4.27	\$4.27								
	Nursing Home Provider Fee		\$17.10						17.10			
	<b>Total Quarterly Per Diem Add-On Amounts</b>		\$29.20									
	<b>Quarterly Case Mix Based Per Diem Rate</b>		\$274.89	\$154.47		\$19.83	\$24.87		\$39.24	\$2.73	\$32.84	\$0.91
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$193.34										

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>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.4974</b>				<b>1.4974</b>	<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.31</b>		Qtrly BIMS score: <b>39.4%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.6800</b>				<b>1.6800</b>	<b>1.4961</b>	
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.7080</b>				<b>1.7080</b>	<b>1.5223</b>	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekeeping	Plant Operatns & Maint	Admin 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 Adjstms	(\$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										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed 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		<b>1.4974</b>								
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 =	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		<b>1.7080</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$123.27								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$205.64	\$123.27	\$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 (IStnd - 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	\$3.08	\$3.08								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Sifng Add-on	\$3.70	\$3.70								
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	\$25.04	\$7.31	\$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	\$230.68	\$130.58	\$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	\$160.19									

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

FINAL

Provider: <b>Southland Healthcare &amp; Rehab Ctr.</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: <b>00143558A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.5242</b>					<b>1.5242</b>	<b>1.3617</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>2.75</b>		Qtrly BIMS score: <b>31.2%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.4807</b>					<b>1.4807</b>	<b>1.4961</b>
					<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.5052</b>					<b>1.5052</b>	<b>1.5223</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	\$5,167,749	\$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 Adjstmts	(\$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 Case Mix Index for All Residents	from 4 qtrs of FY12		<b>1.5242</b>								
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 = <b>13.37%</b>	Ln 14 x Grwth Altwnc %	\$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 Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.5052</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$71.24								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$133.57	\$71.24	\$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 - 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	\$1.78	\$1.78								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <b>2.0%</b> (to Routine Svcs)	Ln 19 Col b x Slng Add-on	\$1.42	\$1.42								
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	\$21.83	\$3.73	\$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	\$155.40	\$74.97	\$0.00	\$15.68	\$19.25	\$0.00	\$35.16	\$1.47	\$7.96	\$0.91
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$103.73									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Southwell Health and Rehab			Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State-wide	
Prvdr ID: 00059826A		<u>Add-on Data and Percentages</u>	Growth Allowance:	N/A	13.37%	Base Period Overall CMI:	1.4305	1.3617
H/B ? : No	Case Mix Per Diem Rate Effective Date: 07/01/20		BIMS:	39.8%	2.5%	Quarterly Medicaid CMI:	1.2904	1.4961
	MDS & Nurse Hrs Data per Quarter Ending: 03/31/20	Nurse Hours per On-Site Day/Quality Incentive:	3.98	3.0%		Qtrly Mcaid CMI w RUG Wght Options:	1.3099	1.5223

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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			
	<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>Per Diem Costs and Add-ons</b>											
	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 Svcs)	FY 2013 Peer Group Limit									\$27.24	\$0.34
	<u>Allowed @ 95% of Std</u>		\$168.79	\$73.90		\$28.00	\$23.27		\$23.46		\$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			<u>1.3099</u>							(FRV Rate)	
	Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$104.26								
	Quarterly Medicaid CMA Allowed Per Diem		\$215.07	\$104.26		\$30.16	\$25.07		\$25.27	\$2.73	\$27.24	\$0.34
	<b>Quarterly Per Diem Add-On Amounts</b>											
	BIMS Add-on Per Diem = 2.5% to Routine Svcs)		\$2.61	\$2.61								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$3.13	\$3.13								
	Nursing Home Provider Fee		\$17.10						17.10			
	<b>Total Quarterly Per Diem Add-On Amounts</b>		\$22.83									
	<b>Quarterly Case Mix Based Per Diem Rate</b>		\$237.90	\$110.00		\$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%	\$165.60										

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

FINAL

Provider: <b>Sparta Health &amp; Rehab</b> Prvdr ID: <b>00143063A</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>7/1/2020</b> MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Growth Allowance: <b>N/A</b> Qtrly BIMS score: <b>21.2%</b> Nurse Hours per On-Site Day/Quality Incentive: <b>3.54</b>				<b>N/A</b>	<b>13.37%</b> <b>1.0%</b>	Base Period Overall CMI: <b>1.0832</b> Quarterly Medicaid CMI: <b>1.0893</b> Qtrly Mcaid CMI w RUG Wght Options: <b>1.1048</b>				<b>1.3617</b> <b>1.4961</b> <b>1.5223</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)		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	\$3,180,795	\$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 Adjstmnts	(\$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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<b>1.0832</b>									
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 = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.1048</b>									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$73.66									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$136.97	\$73.66	\$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 ((Std - Actwl) 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	\$0.74	\$0.74									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.21	\$2.21									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.58	\$3.48	\$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	\$158.55	\$77.14	\$0.00	\$16.36	\$18.36	\$0.00	\$34.62	\$3.05	\$8.35	\$0.67	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$106.09										

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

FINAL

Provider: <b>St. Joseph's Transitional Care Unit</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: <b>00851243A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>		<b>0.0%</b>	<b>13.37%</b>	Base Period Overall CMI: <b>2.4830</b>			<b>1.3617</b>		
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>7.62</b>		Qtrly BIMS score: <b>0.0%</b>		<b>0.0%</b>		Quarterly Medicaid CMI: <b>1.4961</b>			<b>1.4961</b>		
				Qtrly Mcaid CMI w RUG Wght Options: <b>1.5223</b>							<b>1.5223</b>		
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</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	\$1,237,277	\$551,558	\$0	\$63,792	\$65,869	\$72,204	\$306,232	\$6,699	\$170,923	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstms (\$9,363)	(\$9,363)	\$0	\$0	\$0	\$0	\$0	(\$9,363)		(\$3,884)	\$3,884	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$1,227,914	\$551,558	\$0	\$63,792	\$65,869	\$72,204	\$296,869	\$6,699	\$167,039	\$3,884	
8	Total Nursing Facility Days	As Filed Days = 3,195											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 3,180								3,180			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$384.35	\$172.63	\$0.00	\$19.97	\$43.22	(with L&H)	\$92.92	\$2.11	\$52.28	\$1.22	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		2.4830									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.52									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$69.52	\$0.00	\$19.97	\$43.22		\$92.92	\$2.11	\$52.28	\$1.22	
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	\$151.92	\$69.52	\$0.00	\$19.97	\$23.09		\$20.56	\$2.11	15.45	\$1.22	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage =	Ln 14 x Grwth Allwnc %	\$17.80	\$9.29	\$0.00	\$2.67	\$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	\$169.72	\$78.81	\$0.00	\$22.64	\$26.18	\$0.00	\$23.31	\$2.11	\$15.45	\$1.22	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5223									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.97									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$210.88	\$119.97	\$0.00	\$22.64	\$26.18	\$0.00	\$23.31	\$2.11	\$15.45	\$1.22	
<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)	\$0.75	\$0.53	\$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	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem =	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	\$17.85	\$0.53	\$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	\$228.73	\$120.50	\$0.00	\$22.86	\$26.18	\$0.00	\$40.41	\$2.11	\$15.45	\$1.22	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$158.72										

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

FINAL

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide	
													Facility Score	Add-on Percent	Growth Allowance: Qltry BIMS score	26.1%	13.37%	1.0%			Base Period Overall CMI:
			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	1	2	1	1	1												
				<i>All Facilities All Bed Sizes</i>	<i>All Facilities All Bed Sizes</i>	<i>Free Standing All Bed Sizes</i>	<i>All Facilities All Bed Sizes</i>	<i>All Facilities All Bed Sizes</i>	<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	\$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 Adjstms	(\$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		1.6519																	
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	\$1.06									
											(FRV)										
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																					
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allow %	\$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		1.6228																	
18	Qltry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$130.46																	
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$236.78	\$130.46	\$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 (Stnd - Atwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.86	\$0.45	\$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	\$1.30	\$1.30																	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (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	\$21.87	\$4.36	\$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	\$258.65	\$134.82	\$0.00	\$20.87	\$24.04	\$0.00	\$40.41	\$3.02	\$34.43	\$1.06									
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$181.16																		

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>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.3692</b>					<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>4.16</b>		Qtrly BIMS score: <b>40.2%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.5012</b>					<b>1.4961</b>	
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.5266</b>					<b>1.5223</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> <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)		<b>90.0%</b>	<b>90.0%</b>	<b>90.0%</b>	<b>85.0%</b>		<b>50.0%</b>			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>		<b>105.0%</b>			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		<b>\$0.53</b>	<b>\$0.00</b>	<b>\$0.22</b>	<b>\$0.41</b>		<b>\$0.37</b>			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,273,605	\$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 Adjstmts	(\$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	55,253									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 57,192								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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<b>1.3692</b>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage =	Ln 14 x Grwth Allwnc %	\$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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.5266</b>								
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	\$182.79	\$100.97	\$0.00	\$20.87	\$24.15	\$0.00	\$19.89	\$2.12	\$13.83	\$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)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem =	Ln 19 Col b x CPS Add-on	\$2.52	\$2.52								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng 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	\$23.96	\$6.08	\$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>\$206.75</b>	<b>\$107.05</b>	<b>\$0.00</b>	<b>\$20.87</b>	<b>\$24.56</b>	<b>\$0.00</b>	<b>\$37.36</b>	<b>\$2.12</b>	<b>\$13.83</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>\$142.24</b>									

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

FINAL

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskng	Plant Operatns & Maint	Admin 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	\$3,902,776	\$2,054,107	\$0	\$497,355	\$318,621	\$206,770	\$442,929	\$85,829	\$297,165	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstms	(\$135,020)	(\$38,629)	\$0	(\$1,545)	(\$611)	\$0	(\$91,419)		(\$24,967)	\$22,151
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,767,756	\$2,015,478	\$0	\$495,810	\$318,010	\$206,770	\$351,510	\$85,829	\$272,198	\$22,151
8	Total Nursing Facility Days As Filed Days = 34,197	FY12 Audited C/R Days	34,197									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,272	FY 18 GL-PL Ins Rpt Days								27,272		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$110.83	\$58.94	\$0.00	\$14.50	\$15.35	(with L&H)	\$10.28	\$3.15	\$7.96	\$0.65
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1798								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.96								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$49.96	\$0.00	\$14.50	\$15.35		\$10.28	\$3.15	\$7.96	\$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	\$101.78	\$49.96	\$0.00	\$14.50	\$15.35		\$10.28	\$3.15	7.89 (FRV)	\$0.65
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allownc %	\$12.04	\$6.68	\$0.00	\$1.94	\$2.05	\$0.00	\$1.37	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$113.82	\$56.64	\$0.00	\$16.44	\$17.40	\$0.00	\$11.65	\$3.15	\$7.89	\$0.65
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4693								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$83.22								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$140.40	\$83.22	\$0.00	\$16.44	\$17.40	\$0.00	\$11.65	\$3.15	\$7.89	\$0.65
	<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	\$2.08	\$2.08								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.50	\$2.50								
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	\$23.21	\$5.11	\$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	\$163.61	\$88.33	\$0.00	\$16.66	\$17.81	\$0.00	\$29.12	\$3.15	\$7.89	\$0.65
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$109.88									

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

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Provider: <b>Tara at Thunderbolt 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>00727801A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.5802</b>					<b>1.5802</b>	<b>1.3617</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score: <b>23.1%</b>	<b>1.0%</b>	Quarterly Medicaid CMI: <b>1.6222</b>					<b>1.6222</b>	<b>1.4961</b>
				3.16	3.0%	Qtrly Mcaid CMI w RUG Wght Options: <b>1.6513</b>					<b>1.6513</b>	<b>1.5223</b>
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>			
<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	\$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 Adjstmnts	(\$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	44,895									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 45,494								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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.5802</u>								
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	\$2.27
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage =	Ln 14 x Grwth Allownc %	\$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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End				<u>1.6513</u>						
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$84.58								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$166.20	\$84.58	\$0.00	\$15.94	\$18.32	\$0.00	\$23.31	\$3.79	\$17.99	\$2.27
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - 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	\$0.00	\$0.00
21	BIMS Add-on Per Diem =	Ln 19 Col b x CPS Add-on	\$0.85	\$0.85								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng 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	\$21.65	\$3.92	\$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>\$187.85</b>	<b>\$88.50</b>	<b>\$0.00</b>	<b>\$16.16</b>	<b>\$18.73</b>	<b>\$0.00</b>	<b>\$40.41</b>	<b>\$3.79</b>	<b>\$17.99</b>	<b>\$2.27</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$128.06</b>									

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

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Provider: <b>Tattnall Nursing, LLC</b>			Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State-wide
Prvdr ID: <b>00143228A</b>							
Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance:	N/A	13.37%	Base Period Overall CMI:	1.1942	1.3617
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Qtrly BIMS score:	30.6%	2.5%	Quarterly Medicaid CMI:	1.3884	1.4961
		Nurse Hours per On-Site Day/Quality Incentive:	2.66	2.0%	Qtrly Mcaid CMI w RUG Wght Options:	1.4125	1.5223

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekeeping	Plant Operatns & Maint	Admin 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>	(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	\$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	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	FY 18 GL-PL Ins Rpt Days								27,626		
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&H)	\$17.63	\$0.70	\$9.72	\$0.65
	Routine Svcs Case Mix Adjst (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
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
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		1.4125								
18	Qtrly Routine Svcs Case Mix Adjst (CMA) Net Per Diem	Ln 16 x Ln 17		\$64.44								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$120.25	\$64.44	\$0.00	\$12.74	\$15.08	\$0.00	\$19.99	\$0.70	\$6.65	\$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 = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.61	\$1.61								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.29	\$1.29								
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	\$21.53	\$3.43	\$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	\$141.78	\$67.87	\$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	\$93.51									
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

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Provider: Taylor County Health Care		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Pvdr ID: 00432924A		Case Mix Per Diem Rate Effective Date: 7/1/2020		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.2388					1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		Nurse Hours per On-Site Day/Quality Incentive:		40.6%	2.5%	Quarterly Medicaid CMI: 1.6219					1.4961	
				3.77	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6513					1.5223	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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 Adjstmts	(\$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	23,918									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 26,022								26,022		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$134.27	\$69.28	\$0.00	\$14.69	\$15.49	(with L&F)	\$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 Adjstmt 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		\$119.51	\$0.00	\$14.69	\$15.49		\$18.05	\$2.87	10.96 (FRV)	\$1.53
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage =	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	\$133.43	\$63.40	\$0.00	\$16.65	\$17.56	\$0.00	\$20.46	\$2.87	\$10.96	\$1.53
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qlr End		1.6513								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.69								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16		\$174.72	\$0.00	\$16.65	\$17.56	\$0.00	\$20.46	\$2.87	\$10.96	\$1.53
<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	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem =	Ln 19 Col b x CPS Add-on		\$2.62	\$2.62							
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Sifng Add-on		\$3.14	\$3.14							
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		\$24.39	\$6.29	\$0.00	\$0.22	\$0.41	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24		\$199.11	\$110.98	\$0.00	\$16.87	\$17.97	\$0.00	\$37.93	\$2.87	\$10.96
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75		\$136.51								

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

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data					Facility Score	Add-on Percent	Facility Specific	State-wide	
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance				
			a	b	c	d	e	f	g	g	h	i				
<b>Provider: The Center for Advanced Rehab @ Parkside</b>																
<b>Prvdr ID: 00083102A</b>																
Case Mix Per Diem Rate Effective Date: 7/1/2020																
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20																
Growth Allowance: N/A 13.37%																
Qtrly BIMS score: 21.6% 1.0%																
Nurse Hours per On-Site Day/Quality Incentive: 3.66 3.0%																
Base Period Overall CMI: 1.2877 1.3617																
Quarterly Medicaid CMI: 1.7800 1.4961																
Qtrly Mcaid CMI w RUG Wght Options: 1.8149 1.5223																
<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	\$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 Adjstmts	(\$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		1.2877												
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	\$141.99	\$71.51	\$0.00	\$11.23	\$20.95		\$20.56	\$3.42	14.24 (FRV)	\$0.08				
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$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	\$158.60	\$81.07	\$0.00	\$12.73	\$23.75	\$0.00	\$23.31	\$3.42	\$14.24	\$0.08				
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8149												
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$147.13												
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$224.66	\$147.13	\$0.00	\$12.73	\$23.75	\$0.00	\$23.31	\$3.42	\$14.24	\$0.08				
<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)	\$0.63	\$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	\$1.47	\$1.47												
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$4.41	\$4.41												
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	\$23.61	\$5.88	\$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	\$248.27	\$153.01	\$0.00	\$12.95	\$24.16	\$0.00	\$40.41	\$3.42	\$14.24	\$0.08				
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$173.38													

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>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvd ID: <b>00421429A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.2118</b>					<b>1.3617</b>	
		MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Qtrly BIMS score: <b>86.0%</b>	<b>5.5%</b>	Quarterly Medicaid CMI: <b>1.4350</b>					<b>1.4961</b>	
				Nurse Hours per On-Site Day/Quality Incentive: <b>4.06</b>	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.4588</b>					<b>1.5223</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	\$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 Adjstmnts	(\$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 Gwth Allwnc %	\$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		1.4588								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.93								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$204.38	\$113.93	\$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 ((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	\$0.00	\$0.00
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.27	\$6.27								
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)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.73	\$10.22	\$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	\$232.11	\$124.15	\$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	\$161.26									

Quarterly Case Mix Per Diem Calculation

Provider: The Lodge				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00142381A				Growth Allowance:	N/A	13.37%	Base Period Overall CMI:				1.4841	1.3617
H/B ? : No	Case Mix Per Diem Rate Effective Date:	07/01/20		BIMS:	40.5%	2.5%	Quarterly Medicaid CMI:				1.6005	1.4961
	MDS & Nurse Hrs Data per Quarter Ending:	03/31/20	Nurse Hours per On-Site Day/Quality Incentive:	4.57	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.6321	1.5223	

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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			
	<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			
	<i>Per Diem Costs and Add-ons</i>											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt										
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								\$ 87,427		
	Standard Per Diem (After CMA for Routine Srvcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$33.65	\$0.00
	<u>Allowed @ 95% of Std</u>		\$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			<u>1.6321</u>							(FRV Rate)	
	Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem			\$125.69								
	Quarterly Medicaid CMA Allowed Per Diem		\$228.25	\$125.69		\$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% x Routine Srvcs)		\$3.14	\$3.14								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$3.77	\$3.77								
	Nursing Home Provider Fee		\$17.10					17.10				
	<b>Total Quarterly Per Diem Add-On Amounts</b>		\$24.01									
	<b>Quarterly Case Mix Based Per Diem Rate</b>		\$252.27	\$132.60		\$19.83	\$24.87		\$39.24	\$2.07	\$33.65	\$0.00
	<b>Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%</b>	\$176.38										

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

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Provider: <b>The Oaks - Bethany (Vidalia)</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00140258A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.4603</b>				<b>1.4603</b>	<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.55</b>		Qtrly BIMS score: <b>40.5%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.5456</b>				<b>1.5456</b>	<b>1.4961</b>	
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.5739</b>				<b>1.5739</b>	<b>1.5223</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)		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	\$8,564,531	\$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 Adjstmnts	(\$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	59,128									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 56,582								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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.4603</u>								
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 =	Ln 14 x Grwth Allwnc %	\$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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.5739</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.50								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$176.20	\$97.50	\$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 ((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 =	Ln 19 Col b x CPS Add-on	\$2.44	\$2.44								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Sifng 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>\$200.20</b>	<b>\$103.40</b>	<b>\$0.00</b>	<b>\$16.91</b>	<b>\$23.27</b>	<b>\$0.00</b>	<b>\$35.77</b>	<b>\$7.14</b>	<b>\$13.19</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>\$137.33</b>									

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

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance		
			a	b	c	d	e	f	g	g	h	i
<b>Provider: The Oaks at Limestone, LLC</b> <b>Prvdr ID: 00141743A</b> Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20 Growth Allowance: N/A Qtrly BIMS score: 50.0% Nurse Hours per On-Site Day/Quality Incentive: 3.61 Facility Score: N/A Add-on Percent: 13.37% 5.5% 2.0% Base Period Overall CMI: 1.5724 Quarterly Medicaid CMI: 1.4221 Qtrly Mcaid CMI w RUG Wght Options: 1.4433 1.5223												
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	Cost Center Peer Groups <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	\$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 Adjstmts	(\$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									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 34,907	FY 18 GL-PL Ins Rpt Days									
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	1.5724									
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									
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits	\$71.51									
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$153.24	\$65.51	\$0.00	\$15.86	\$23.09		\$20.56	\$7.17	17.53	\$3.52
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$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	\$169.96	\$74.27	\$0.00	\$17.98	\$26.18	\$0.00	\$23.31	\$7.17	\$17.53	\$3.52
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	1.4433									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	\$107.19									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.88	\$107.19	\$0.00	\$17.98	\$26.18	\$0.00	\$23.31	\$7.17	\$17.53	\$3.52
<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)	\$0.75									
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.90	\$5.90							\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.14	\$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	\$25.89	\$8.57	\$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	\$228.77	\$115.76	\$0.00	\$18.20	\$26.18	\$0.00	\$40.41	\$7.17	\$17.53	\$3.52
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$158.75									

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

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Provider: <b>The Oaks at Scenic View</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: <b>00178307A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.5260</b>					<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		<b>17.4%</b>	<b>0.0%</b>	Quarterly Medicaid CMI: <b>1.6625</b>					<b>1.4961</b>	
				<b>4.02</b>	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.6942</b>					<b>1.5223</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)		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	\$8,083,419	\$4,226,764	\$0	\$654,059	\$498,833	\$545,367	\$1,141,692	\$356,084	\$660,620	\$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	47,855									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 46,455								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		1.5260								
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 =	Ln 14 x Grwth Allwnc %	\$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		1.6942								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.09								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$194.61	\$111.09	\$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 ((Stnd - 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 =	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Slfng 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	\$21.59	\$3.86	\$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	\$216.20	\$114.95	\$0.00	\$15.71	\$25.07	\$0.00	\$40.41	\$7.67	\$10.15	\$2.24
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$149.33									

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

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide
			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>Provider: The Oaks Nursing Home, Inc.</b> <b>Prvdr ID: 00142271A</b> Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b> MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b> 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>4.08</b> Facility Score: <b>N/A</b> Add-on Percent: <b>13.37%</b> 5.5% 3.0% Case Mix Index (CMI) Data: Base Period Overall CMI: <b>1.2854</b> Quarterly Medicaid CMI: <b>1.8149</b> Qtrly Mcaid CMI w RUG Wght Options: <b>1.8498</b> 1.3617 1.4961 1.5223												
<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	\$2,280,985	\$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		18,971								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,365								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		1.2854								
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 =	Ln 14 x Growth Allwnc %	\$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		1.8498								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.72								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$176.97	\$98.72	\$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 ((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	\$0.00	\$0.00
21	BIMS Add-on Per Diem =	Ln 19 Col b x CPS Add-on	\$5.43	\$5.43								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Sifng 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	\$26.65	\$8.92	\$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	\$203.62	\$107.64	\$0.00	\$17.49	\$19.60	\$0.00	\$40.41	\$1.61	\$14.78	\$2.09
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$139.89									

Quarterly Case Mix Per Diem Calculation

Provider: The Oaks of Athens	<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: 00140126A	Growth Allowance:		N/A	13.37%	Base Period Overall CMI:			1.4177	1.3617
H/B ? : No	Case Mix Per Diem Rate Effective Date: 07/01/20	BIMS:	22.0%	1.0%	Quarterly Medicaid CMI:			1.4271	1.4961
	MDS & Nurse Hrs Data per Quarter Ending: 03/31/20	Nurse Hours per On-Site Day/Quality Incentive:	3.98	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4533	1.5223

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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										
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								\$ 356,084		
	Standard Per Diem (After CMA for Routine Svcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56	48,701	\$30.90	\$1.82
	<u>Allowed @ 95% of Std</u>		\$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			<u>1.4533</u>							(FRV Rate)	
	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$111.92								
	Quarterly Medicaid CMA Allowed Per Diem		\$218.79	\$111.92		\$19.83	\$24.87		\$22.14	\$7.31	\$30.90	\$1.82
	<b>Quarterly Per Diem Add-On Amounts</b>											
	BIMS Add-on Per Diem = 1.0% of Routine Svcs)		\$1.12	\$1.12								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$3.36	\$3.36								
	Nursing Home Provider Fee		\$17.10						17.10			
	<b>Total Quarterly Per Diem Add-On Amounts</b>		\$21.58									
	<b>Quarterly Case Mix Based Per Diem Rate</b>		\$240.37	\$116.40		\$19.83	\$24.87		\$39.24	\$7.31	\$30.90	\$1.82
	<b>Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%</b>		\$167.45									

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

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	1	2	1	1	1			
				All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	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>												
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										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 14,492								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	\$153.81	\$59.35	\$0.00	\$16.16	\$23.09		\$20.56	\$6.97	21.76 (FRV)	\$5.92
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage =	Ln 14 x Grwth Alwnc %	\$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	\$169.75	\$67.29	\$0.00	\$18.32	\$26.18	\$0.00	\$23.31	\$6.97	\$21.76	\$5.92
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5086								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.51								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$203.97	\$101.51	\$0.00	\$18.32	\$26.18	\$0.00	\$23.31	\$6.97	\$21.76	\$5.92
<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 =	Ln 19 Col b x CPS Add-on	\$2.54	\$2.54								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	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	\$23.44	\$6.12	\$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	\$227.41	\$107.63	\$0.00	\$18.54	\$26.18	\$0.00	\$40.41	\$6.97	\$21.76	\$5.92
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$157.73									

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

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Provider: <b>The Place at Deans Bridge</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: <b>00141589A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.4214</b>					<b>1.4214</b>	<b>1.3617</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		<b>37.7%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.3777</b>					<b>1.3777</b>	<b>1.4961</b>
				<b>3.60</b>	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.4053</b>					<b>1.4053</b>	<b>1.5223</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	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 Adjstms	(\$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 =	Ln 14 x Grwth Allownc %	\$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>1.4053</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$84.71								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$160.59	\$84.71	\$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 ((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 =	Ln 19 Col b x CPS Add-on	\$2.12	\$2.12								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Slfng 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	\$23.29	\$5.19	\$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	\$183.88	\$89.90	\$0.00	\$18.59	\$18.57	\$0.00	\$39.08	\$7.32	\$9.18	\$1.24
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$125.09									

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

FINAL

Provider: <b>The Place at Martinez</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: <b>00142535A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.3341</b>					<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.63</b>		Qtrly BIMS score: <b>37.1%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.4063</b>					<b>1.4961</b>	
				Qtrly Mcaid CMI w RUG Wght Options: <b>3.63</b>	<b>3.0%</b>						<b>1.4290</b>	<b>1.5223</b>
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 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 Adjstmnts	\$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		1.3341								
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 =	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		1.4290								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.70								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$180.11	\$102.70	\$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 (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 =	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	\$24.28	\$6.18	\$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	\$204.39	\$108.88	\$0.00	\$19.82	\$22.01	\$0.00	\$34.86	\$7.18	\$10.09	\$1.55
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$140.47									

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

FINAL

Provider: <b>The Retreat 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>00142733A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.0648</b>					<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		<b>27.9%</b>	<b>1.0%</b>	Quarterly Medicaid CMI: <b>0.9977</b>					<b>1.4961</b>	
				<b>4.13</b>	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.0045</b>					<b>1.5223</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	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	\$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 Adjstmnts	\$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										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed 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		<u>1.0648</u>								
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 = <u>13.37%</u>	Ln 14 x Grwth Alnwnc %	\$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		<u>1.0045</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$81.43								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.68	\$81.43	\$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 ([Stnd - Awd] 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	\$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	\$0.81	\$0.81								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$2.44	\$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	\$20.37	\$3.25	\$0.00	\$0.00	\$0.02	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$195.05	\$84.68	\$0.00	\$33.05	\$26.16	\$0.00	\$40.41	\$2.52	\$7.94	\$0.29
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$133.46									

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

FINAL

Provider: <b>Thomasville Nurs. &amp; Rehab. Ctr.</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: <b>00277604A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>		<b>13.37%</b>	Base Period Overall CMI: <b>1.5025</b>				<b>1.3517</b>		
		MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Qtrly BIMS score: <b>41.7%</b>		<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.6528</b>				<b>1.4961</b>		
				Nurse Hours per On-Site Day/Quality Incentive: <b>3.26</b>		<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.6852</b>				<b>1.5223</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	\$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		1.5025									
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 Allwnc %	\$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		1.6852									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$80.62									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$156.38	\$80.62	\$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 - Ahd) 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	\$2.02	\$2.02									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng 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	\$22.48	\$4.97	\$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	\$178.86	\$85.59	\$0.00	\$20.87	\$21.43	\$0.00	\$40.41	\$0.60	\$9.36	\$0.60	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$121.32										

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

FINAL

Provider: Thomson Health & Rehab		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: 00143261A		Case Mix Per Diem Rate Effective Date: 7/1/2020		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.1378					1.3617	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		Nurse Hours per On-Site Day/Quality Incentive:		51.7%	5.5%	Quarterly Medicaid CMI: 1.4124					1.4961	1.4961
				3.68	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4355					1.5223	1.5223
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
<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	\$5,744,749	\$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	43,939									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 42,165								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 =	Ln 14 x Grwth Allow %	\$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		1.4355								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.05								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$158.52	\$94.05	\$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 =	Ln 19 Col b x CPS Add-on	\$5.17	\$5.17								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	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	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$185.14	\$102.57	\$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	\$126.03									

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

FINAL

Provider: <b>Tifton 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>00143294A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>		<b>36.3%</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.4355</b>				<b>1.3617</b>	
		MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.00</b>		<b>2.5%</b>	<b>3.0%</b>	Quarterly Medicaid CMI: <b>1.6344</b>				<b>1.4961</b>	
								Qtrly Mcaid CMI w RUG Wght Options: <b>1.6640</b>				<b>1.5223</b>	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpong	Plant Operatns & Maint	Admin 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 Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.6640</b>									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.46									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$160.88	\$95.46	\$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 (Stnd - Alwjd) 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	\$2.39	\$2.39									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <b>3.0%</b> (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	\$184.39	\$101.24	\$0.00	\$16.07	\$13.71	\$0.00	\$40.41	\$0.09	\$11.90	\$0.97	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$125.47										

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>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.4452</b>					<b>1.3617</b>	
		MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Qtrly BIMS score: <b>29.2%</b>	<b>1.0%</b>	Quarterly Medicaid CMI: <b>1.7995</b>					<b>1.4961</b>	
				Nurse Hours per On-Site Day/Quality Incentive: <b>3.20</b>	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.8339</b>					<b>1.5223</b>	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskng	Plant Operatns & Maint	Admin 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	\$6,808,435	\$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 Adjstmts	(\$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	40,246									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 41,585								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		<b>1.4452</b>								
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 = <u>13.37%</u>	Ln 14 x Grwth Allow %	\$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		<b>1.8339</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$127.51								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$205.25	\$127.51	\$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 (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	\$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	\$1.28	\$1.28								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$3.83	\$3.83								
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	\$23.37	\$5.64	\$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	\$228.62	\$133.15	\$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	\$158.64									

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

FINAL

Provider: <b>Townsend Park H &amp; R</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvd ID: <b>00404995A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>		<b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.3657</b>				<b>1.3617</b>	<b>1.3617</b>
		MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Qtrly BIMS score: <b>36.2%</b>		<b>36.2%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.3545</b>				<b>1.4961</b>	<b>1.4961</b>
				Nurse Hours per On-Site Day/Quality Incentive: <b>3.65</b>		<b>3.65</b>	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.3740</b>				<b>1.3740</b>	<b>1.5223</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	\$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	28,961										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 41,002								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 <u>Case Mix Index</u> 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 Allownc %	\$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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.3740</u>									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.22									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$176.79	\$96.22	\$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 ((Stnd - 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	\$2.41	\$2.41									
22	Nurse Staff Hrs / Quality Add-on Per Diem =	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	\$23.56	\$5.83	\$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	\$200.35	\$102.05	\$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	\$137.44										

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

FINAL

Provider: Traditions Health & Rehab		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: 00143701A		Case Mix Per Diem Rate Effective Date: 7/1/2020		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.2904					1.2904	1.3617
		MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		Qtrly BIMS score: 43.5%	2.5%	Quarterly Medicaid CMI: 1.5294					1.5294	1.4961
				Nurse Hours per On-Site Day/Quality Incentive: 3.67	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5523					1.5523	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$8,266,760	\$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 Adjstmnts	(\$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 Adjstmt 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		1.2904								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.77								
12	Net Per Diems after Case Mix Adjstmt 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 = 13.37%	Ln 14 x Grwth Allwnc %	\$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		1.5523								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.94								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$170.95	\$106.94	\$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 ((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	\$2.67	\$2.67								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$3.21	\$3.21								
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	\$7.41	\$6.41	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$178.36	\$113.35	\$0.00	\$16.11	\$18.24	\$0.00	\$17.02	\$2.81	\$9.39	\$1.44
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$133.77									

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

FINAL

Provider: <b>Treutlen County 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>00143349A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.5628</b>					<b>1.3617</b>	
		MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Qtrly BIMS score: <b>60.5%</b>	<b>5.5%</b>	Quarterly Medicaid CMI: <b>1.6882</b>					<b>1.4961</b>	
				Nurse Hours per On-Site Day/Quality Incentive: <b>3.50</b>	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.7205</b>					<b>1.5223</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)		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	\$2,674,762	\$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		1.5628								
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 = 13.37%	Ln 14 x Grwth Allwnc %	\$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		1.7205								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.40								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$175.71	\$96.40	\$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 - 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 = 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	\$26.45	\$8.72	\$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	\$202.16	\$105.12	\$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	\$138.80									

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

FINAL

Provider: <b>Twin Fountains Home</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: <b>00142843A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.0956</b>					<b>1.0956</b>	<b>1.3617</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score: <b>54.8%</b>	<b>5.5%</b>	Quarterly Medicaid CMI: <b>1.0739</b>					<b>1.0739</b>	<b>1.4961</b>
					<b>3.25</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.0871</b>					<b>1.0871</b>	<b>1.5223</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)		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	\$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	37,344									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 36,434								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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.0956</u>								
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 = <u>13.37%</u>	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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.0871</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.13								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16		\$158.57	\$88.13	\$0.00	\$20.87	\$13.80	\$0.00	\$23.31	\$1.63	\$10.53
<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 = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.85	\$4.85								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$2.64	\$2.64								
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	\$25.00	\$7.49	\$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>\$183.57</b>	<b>\$95.62</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>\$124.85</b>									

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

FINAL

Provider: <b>Twin Oaks Convalescent Center</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: <b>00143393A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.2778</b>					<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>4.37</b>		Qtrly BIMS score: <b>22.6%</b>	<b>1.0%</b>	Quarterly Medicaid CMI: <b>1.4318</b>					<b>1.4961</b>	
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.4558</b>					<b>1.5223</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	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 Adjstms	(\$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 Adjstml 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		<u>1.2778</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.73								
12	Net Per Diems after Case Mix Adjstml 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 = <u>13.37%</u>	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		<u>1.4558</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.54								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$195.00	\$103.54	\$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 - 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>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 Sifng 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	\$22.78	\$4.68	\$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>\$217.78</b>	<b>\$108.22</b>	<b>\$0.00</b>	<b>\$30.17</b>	<b>\$19.18</b>	<b>\$0.00</b>	<b>\$38.91</b>	<b>\$2.15</b>	<b>\$18.90</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>\$150.51</b>									

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

FINAL

Provider: <b>Twin View Health Care</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>00040807A</b>									
	Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>			Growth Allowance: <b>N/A</b>	<b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.2987</b>	<b>1.2987</b>	<b>1.3617</b>
	MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>			Qtrly BIMS score: <b>31.3%</b>	<b>2.5%</b>		Quarterly Medicaid CMI: <b>1.5749</b>	<b>1.5749</b>	<b>1.4961</b>
				Nurse Hours per On-Site Day/Quality Incentive: <b>2.29</b>	<b>2.0%</b>		Qtrly Mcaid CMI w RUG Wght Options: <b>1.6040</b>	<b>1.6040</b>	<b>1.5223</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)		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%		100.0%			
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	\$3,496,358	\$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 Adjstmts	(\$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	38,732									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 37,192								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		<u>1.2987</u>								
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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth 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		<u>1.6040</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$60.57								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$107.85	\$60.57	\$0.00	\$11.11	\$13.98	\$0.00	\$13.30	\$0.89	\$7.19	\$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>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.51	\$1.51								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Sfrng Add-on	\$1.21	\$1.21								
23	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	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$129.20	\$63.82	\$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	\$84.08									
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>Union County Nursing Home</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Pvdr ID: <b>00143415A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.1218</b>				<b>1.1218</b>	<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.52</b>		Qtrly BIMS score: <b>36.4%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.2499</b>				<b>1.2499</b>	<b>1.4961</b>	
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.2732</b>				<b>1.2732</b>	<b>1.5223</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	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	\$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 Adjstmts	(\$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 Allwnc %	\$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		1.2732								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.22								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$190.86	\$103.22	\$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 - Awd) 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	\$2.58	\$2.58								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (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	\$23.51	\$5.68	\$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	\$214.37	\$108.90	\$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	\$147.95									

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

FINAL

Line #	Description	Sources / Calculations	Add-on Data and Percentages					Case Mix Index (CMI) Data					Facility Specific	State-wide
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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	<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	\$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 Adjstmts	(\$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 Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 16,905 As Filed Days = 33,746		16,905							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		
<b>Quarterly Per Diem Rate Prior to Add-ons</b>														
15	Growth Allowance Percentage =	Ln 14 x Grwth Allwnc %	\$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		1.4981										
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$124.51										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$196.31	\$124.51	\$0.00	\$17.04	\$18.89	\$0.00	\$27.23	\$0.33	\$7.45	\$0.86		
<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)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
21	BIMS Add-on Per Diem =	Ln 19 Col b x CPS Add-on	\$1.25	\$1.25										
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Slfng 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	\$21.47	\$3.74	\$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	\$217.78	\$128.25	\$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	\$150.51											

Quarterly Case Mix Per Diem Calculation

Provider: Vista Park Health and Rehab Prvdr ID: 00142931A H/B ? : No Case Mix Per Diem Rate Effective Date: 07/01/20 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20	<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: 40.2% Nurse Hours per On-Site Day/Quality Incentive: 3.38	Facility Score: N/A Add-on Percent: 13.37% 2.5% 2.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.4571 Quarterly Medicaid CMI: 1.5983 Qtrly Mcaid CMI w RUG Wght Options: 1.6258	Facility Specific: 1.4571 1.5983 1.6258	State-wide: 1.3617 1.4961 1.5223
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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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								\$ 159,341		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								43,250		
	Standard Per Diem (After CMA for Routine Svcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$21.77	\$0.42
	<u>Allowed @ 95% of Std</u>		\$149.08	\$67.93		\$17.49	\$21.94		\$19.53		\$21.77	\$0.42
	Growth Allowance 13.4%		\$16.97	\$9.08		\$2.34	\$2.93		\$2.61			
	CMA Allowed Per Diem (After Growth Allowance)		\$169.73	\$77.01		\$19.83	\$24.87		\$22.14	\$ 3.68	\$21.77	\$0.42
	Quarterly Facility Case Mix Index for Medicaid Residents			1.6258							(FRV Rate)	
	Qrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$125.21								
	Quarterly Medicaid CMA Allowed Per Diem		\$217.92	\$125.21		\$19.83	\$24.87		\$22.14	\$3.68	\$21.77	\$0.42
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 2.5% x Routine Svcs)		\$3.13	\$3.13								
	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%		\$2.50	\$2.50								
	Nursing Home Provider Fee		\$17.10						17.10			
	<b>Total Quarterly Per Diem Add-On Amounts</b>		\$22.73									
	<b>Quarterly Case Mix Based Per Diem Rate</b>		\$240.65	\$130.84		\$19.83	\$24.87		\$39.24	\$3.68	\$21.77	\$0.42
	<b>Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%</b>		\$167.67									

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

FINAL

Provider: Warm Springs Med. Ctr. NH		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: 00141952A		Case Mix Per Diem Rate Effective Date: 7/1/2020	Growth Allowance: N/A	N/A	13.37%	Base Period Overall CMI: 1.1001					1.1001	1.3617
		MDS & Nurse Hrs Data per Quarter Ending: 03/31/20	Qtrly BIMS score: 40.0%	40.0%	2.5%	Quarterly Medicaid CMI: 1.0260					1.0260	1.4961
			Nurse Hours per On-Site Day/Quality Incentive: 3.67	3.67	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.0389					1.0389	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$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 Case Mix Index for All Residents	from 4 qtrs of FY12		1.1001								
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 = 13.37%	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 Case Mix Index for Medicaid Residents	per Current Qtr End		1.0389								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$66.53								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$148.49	\$66.53	\$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 - 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 = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.66	\$1.66								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$2.00	\$2.00								
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	\$21.88	\$4.19	\$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	\$170.37	\$70.72	\$0.00	\$23.55	\$26.18	\$0.00	\$38.69	\$0.97	\$10.26	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$114.95									

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

FINAL

Provider: Warner Robins Rehab & Nursing Center		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: 00141303A		Case Mix Per Diem Rate Effective Date: 7/1/2020		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.5459					1.5459	1.3617
		MDS & Nurse Hrs Data per Quarter Ending: 03/31/20		Qtrly BIMS score: 24.7%	1.0%	Quarterly Medicaid CMI: 1.5758					1.5758	1.4961
				Nurse Hours per On-Site Day/Quality Incentive: 3.08	2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6025					1.6025	1.5223
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	\$6,541,365	\$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 Adjstmnts	(\$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		1.5459								
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 = 13.37%	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		1.6025								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.11								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$156.87	\$82.11	\$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 (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 = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.82	\$0.82								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng 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	\$20.72	\$2.99	\$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	\$177.59	\$85.10	\$0.00	\$17.59	\$21.45	\$0.00	\$40.41	\$3.33	\$8.28	\$1.43
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$120.37									

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

FINAL

Provider: <b>Warrenton Health and 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>00142645A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.3956</b>					<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		<b>32.1%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.6600</b>					<b>1.4961</b>	
				<b>2.34</b>	<b>1.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.6923</b>					<b>1.5223</b>	
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	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	\$3,914,244	\$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	27,472									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 25,255								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	\$1.17
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage =	Ln 14 x Grwth Allwnc %	\$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>1.6923</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.35								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$173.45	\$103.35	\$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 (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 =	Ln 19 Col b x CPS Add-on	\$2.58	\$2.58								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$1.03	\$1.03								
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	\$22.24	\$4.14	\$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	\$195.69	\$107.49	\$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	\$133.94									

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

FINAL

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskng	Plant Operatns & Maint	Admin 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	\$3,373,157	\$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		21,174								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 20,995								20,995		
9	Net Per Diems prior to Case Mix Adjstmt 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		1.2193								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.27								
12	Net Per Diems after Case Mix Adjstmt 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	\$0.25
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allownc %	\$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 Case Mix Index for Medicaid Residents	per Current Qtr End		1.1634								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.09								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$175.75	\$86.09	\$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 ((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 = 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 = 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	\$22.58	\$5.26	\$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	\$198.33	\$91.35	\$0.00	\$29.10	\$26.18	\$0.00	\$40.41	\$1.17	\$9.87	\$0.25
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$135.92									

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

FINAL

Provider: <b>Waycross 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>00143459A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.2974</b>					<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		<b>26.8%</b>	<b>1.0%</b>	Quarterly Medicaid CMI: <b>1.5145</b>					<b>1.4961</b>	
				<b>3.44</b>	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.5408</b>					<b>1.5223</b>	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskng	Plant Operatns & Maint	Admin 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	\$3,407,600	\$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	26,933									
8	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 24,654								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		1.2974								
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 Allownc %	\$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		1.5408								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.98								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$155.11	\$88.98	\$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 - 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 =	Ln 19 Col b x CPS Add-on	\$0.89	\$0.89								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$2.67	\$2.67								
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	\$22.19	\$4.09	\$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	\$177.30	\$93.07	\$0.00	\$18.13	\$17.71	\$0.00	\$36.61	\$3.61	\$7.45	\$0.72
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$120.15									

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

FINAL

Provider: <b>WellStar Paulding 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>00142359A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.0621</b>					<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score: <b>46.3%</b>	<b>5.5%</b>	Quarterly Medicaid CMI: <b>1.0405</b>					<b>1.4961</b>	
				<b>4.07</b>	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.0516</b>					<b>1.5223</b>	
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	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	\$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										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 61,473								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 Altwnc %	\$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		1.0516								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$85.25								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$179.10	\$85.25	\$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 ([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	\$0.00	\$0.00
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.69	\$4.69								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sflng Add-on	\$2.56	\$2.56								
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	\$7.25	\$7.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$186.35	\$92.50	\$0.00	\$33.05	\$26.18	\$0.00	\$23.31	\$2.88	\$8.43	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$139.76									

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

FINAL

Provider: <b>Westbury H &amp; R - Conyers, Inc</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: <b>00143503A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.2886</b>					<b>1.2886</b>	<b>1.3617</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.72</b>		Qtrly BIMS score: <b>40.3%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.4542</b>					<b>1.4542</b>	<b>1.4961</b>
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.4822</b>					<b>1.4822</b>	<b>1.5223</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)		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	\$8,747,204	\$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		\$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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.2886								
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 = 13.37%	Ln 14 x Grwth Allwnc %	\$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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4822								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.94								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.57	\$110.94	\$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 ([(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	\$2.77	\$2.77								
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	\$24.73	\$6.63	\$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	\$212.30	\$117.57	\$0.00	\$20.46	\$25.36	\$0.00	\$35.04	\$2.52	\$9.90	\$1.45
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$146.40									

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

FINAL

Provider: <b>Westbury H &amp; R-McDonough, Inc</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: <b>00143525A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.2827</b>					<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		Qltry BIMS score: <b>42.2%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.4623</b>					<b>1.4961</b>	
					<b>3.84</b>	Qltry Mcaid CMI w RUG Wght Options: <b>1.4902</b>					<b>1.5223</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)		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 Allwnc %	\$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		1.4902								
18	Qltry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.38								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.55	\$109.38	\$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 ([Snd - 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 = 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 Stng 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	\$24.42	\$6.54	\$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	\$208.97	\$115.92	\$0.00	\$20.87	\$25.57	\$0.00	\$33.38	\$2.45	\$9.42	\$1.36
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$143.90									

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

FINAL

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide
													a	b	c	d	e	f	g	g
<b>Provider: Westbury Medical Care Home, Inc.</b> <b>Prvdr ID: 00143514A</b> Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20													Growth Allowance: N/A	13.37%	1.1885	1.3617				
													Qtrly BIMS score: 44.1%	2.5%	1.5676	1.4961				
													Nurse Hours per On-Site Day/Quality Incentive: 3.62	3.0%	1.5979	1.5223				
													Qtrly Mcaid CMI w RUG Wght Options:							
<b>CASE MIX BASED RATE CALCULATIONS</b>																				
1	Cost Center Peer Groups <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	\$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		1.1885																
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	\$1.33								
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	\$1.33								
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																				
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allownc %	\$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		1.5979																
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 15 x Ln 17		\$106.04																
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.05	\$106.04	\$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 (Std - 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	\$0.00								
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.65	\$2.65																
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.18	\$3.18																
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10											
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.46	\$6.36	\$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	\$198.51	\$112.40	\$0.00	\$16.79	\$19.56	\$0.00	\$35.53	\$2.11	\$10.79	\$1.33								
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$136.06																	

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

FINAL

Provider: <b>Westminster Commons</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>00140082A</b>	Case Mix Per Diem Rate Effective Date: <b>07/01/20</b>	Growth Allowance: <b>N/A</b>	37.1%	13.37%	1.3564	1.3699	Base Period Overall CMI:			1.3564	1.3699
	MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>	Qtrly BIMS score: <b>37.1%</b>	2.5%	3.0%	1.3441	1.4961	Quarterly Medicaid CMI:			1.3441	1.4961
		Nurse Hours per On-Site Day/Quality Incentive: <b>4.28</b>			1.3657	1.5223	Qtrly Mcaid CMI w RUG Wght Options:			1.3657	1.5223

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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 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 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 Adjstms	(\$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 <u>Case Mix Index</u> 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	\$2.43
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Allwnc %	\$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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.3657								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.20								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$170.21	\$90.20	\$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	\$2.26	\$2.26								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sflng 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	\$23.23	\$5.50	\$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	\$193.44	\$95.70	\$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	\$132.26									

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

FINAL

Provider: <b>Westview 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>00143536A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>		<b>27.1%</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.3807</b>				<b>1.3617</b>	<b>1.3617</b>
		MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.42</b>		<b>2.0%</b>	<b>1.0%</b>	Quarterly Medicaid CMI: <b>1.7289</b>				<b>1.4961</b>	<b>1.4961</b>
						<b>3.42</b>	<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.7621</b>				<b>1.5223</b>	<b>1.5223</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)		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	\$3,525,367	\$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 Adjstmts	(\$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	27,760										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 26,696								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		<b>1.3807</b>									
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 Allow %	\$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		<b>1.7621</b>									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.83									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$164.79	\$93.83	\$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 ((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>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CFS Add-on	\$0.94	\$0.94									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$1.88	\$1.88									
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	\$21.45	\$3.35	\$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>\$186.24</b>	<b>\$97.18</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>\$126.86</b>										

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

FINAL

Provider: <b>Westwood (University Extended Care)</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: <b>00219359A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>		<b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.3761</b>				<b>1.3617</b>	<b>1.3617</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.78</b>		Qtrly BIMS score: <b>39.4%</b>		<b>39.4%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.4381</b>				<b>1.4961</b>	<b>1.4961</b>
				Qtrly Mcaid CMI w RUG Wght Options: <b>1.4621</b>		<b>3.78</b>	<b>3.0%</b>					<b>1.4621</b>	<b>1.5223</b>
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 <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	\$8,260,037	\$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 Adjstmnt 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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<b>1.3761</b>									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.92									
12	Net Per Diems after Case Mix Adjstmnt 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 Allownc %	\$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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.4621</b>									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.55									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$195.89	\$117.55	\$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 - Awd) 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	\$2.94	\$2.94									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.53	\$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	\$25.01	\$6.91	\$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>\$220.90</b>	<b>\$124.46</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>\$152.85</b>										

Quarterly Case Mix Per Diem Rate Calculations

FINAL

Provider: <b>Westwood Nursing Center</b> Prvdr ID: <b>00370862A</b> H/B ? : No		Case Mix Per Diem Rate Effective Date: <b>07/01/20</b> MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Add-on Data and Percentages Growth Allowance: <b>N/A</b> BIMS: <b>48.8%</b> Nurse Hours per On-Site Day/Quality Incentive: <b>6.32</b>		Facility Score: <b>N/A</b>	Add-on Percent: <b>13.37%</b> <b>5.5%</b> <b>2.0%</b>	Case Mix Index (CMI) Data Base Period Overall CMI: <b>1.8859</b> Quarterly Medicaid CMI: <b>1.8859</b> Qtrly Mcaid CMI w RUG Wght Options: <b>1.9210</b>		Facility Specific: <b>1.8859</b> <b>1.8859</b> <b>1.9210</b>	State-wide: <b>1.3617</b> <b>1.4961</b> <b>1.5223</b>
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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>												
	<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		1,136,799		233,063	132,845	149,522	328,763	47,102	316,084	2,412
	Inflation (July 2012) @ <b>2.06%</b>			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								12,944		
	Inflated NHC/ Patient Days			58.69		12.03	14.58		16.97	3.64	15.99	0.12
	Base Period Facility CMI for all Residents			<b>1.8859</b>								
	Routine Services Case Mix Adjusted Net Per Diem			\$31.12		\$17.69	\$23.20		\$21.80			
	Net Per Diems After Case Mix Adjustments		\$94.45	\$31.12		\$12.03	\$14.58		\$16.97	\$3.64	\$15.99	0.12
	Per Diem Standards			\$72.49		\$12.03	\$14.58		\$16.97			
	Base Period Case Mix Adjusted Allowed Per Diem		\$87.53	\$31.12						\$3.64	9.07	0.12
	<b>Quarterly Per Diem Rate Prior to Add-Ons</b>										(FRV Rate)	
	Growth Allowance <b>13.37%</b>		\$9.99	\$4.16		\$1.61	\$1.95		\$2.27			
	CMA Allowed Per Diem After Growth Allowance		\$97.52	\$35.28		\$13.64	\$16.53		\$19.24	\$3.64	\$9.07	\$0.12
	Quarterly Facility Case Mix Index for Medicaid Residents			<b>1.9210</b>								
	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem			\$67.77								
	Quarterly Medicaid CMA Allowed Per Diem		\$130.02	\$67.77		\$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 = <b>5.5%</b> (to Routine Svcs)		\$3.73	3.73								
	Nurse Staff Hrs / Quality Add-on Per Diem = <b>2.0%</b>		\$1.36	1.36								
	Nursing Home Provider Fee		\$ 17.10						\$ 17.10			
	Total Quarterly Per Diem Add-On Amounts		\$23.72									
	<b>Quarterly Case Mix Based Per Diem Rate</b>		\$153.74	\$73.39		\$13.86	\$16.94		\$36.71	\$3.64	\$9.07	\$0.12
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%		\$102.48									

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Score	Add-on Percent	Facility Specific	State-wide
													a	b	c	d	e	f	g	g	h	i
<b>Provider: Wildwood Health Care, Inc.</b> <b>Pvdr ID: 00143547A</b> Case Mix Per Diem Rate Effective Date: 7/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 03/31/20 Growth Allowance: N/A Qtrly BIMS score: 50.0% Nurse Hours per On-Site Day/Quality Incentive: 3.35 Base Period Overall CMI: 1.3013 Quarterly Medicaid CMI: 1.5544 Qtrly Mcaid CMI w RUG Wght Options: 1.5813 Facility Score: 3.35 Add-on Percent: 2.0%																						
<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	\$2,109,487	\$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 Adjstmts	(\$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																			
9	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	\$0.80										
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		1.5813																		
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	\$178.01	\$99.37	\$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	\$0.00										
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.47	\$5.47																		
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Strng 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	\$25.88	\$7.99	\$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	\$203.89	\$107.36	\$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	\$140.09																			

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

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	Add-on Data and Percentages			Case Mix Index (CMI) Data			Facility Specific	State-wide		
													a	b	c	d	e	f	g	g	h	i
<b>Provider: William Breman Jewish Home</b> <b>Prvdr ID: 00040752A</b> Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b> MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>													Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.4004	1.3617						
													Qtrly BIMS score: 48.7%	5.5%	Quarterly Medicaid CMI: 1.4589	1.4961						
													Nurse Hours per On-Site Day/Quality Incentive: 5.89	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4839	1.5223						
<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	\$9,554,994	\$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 Adjstmts	(\$146,775)	\$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 As Filed Days = 33,439	FY12 Audited C/R Days	33,439																			
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,595	FY 18 GL-PL Ins Rpt Days								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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.4004</u>																		
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 <i>(FRV)</i>	\$1.12										
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																						
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allownc %	\$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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.4839</u>																		
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.30																		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$223.90	\$120.30	\$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 ([(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 = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.62	\$6.62																		
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.61	\$3.61																		
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	\$27.33	\$10.23	\$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>\$251.23</b>	<b>\$130.53</b>	<b>\$0.00</b>	<b>\$20.87</b>	<b>\$26.18</b>	<b>\$0.00</b>	<b>\$40.41</b>	<b>\$4.31</b>	<b>\$27.81</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>\$175.60</b>																			



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>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.5761</b>					<b>1.3617</b>	
		MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Qtrly BIMS score: <b>37.1%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.7667</b>					<b>1.4961</b>	
				Nurse Hours per On-Site Day/Quality Incentive: <b>3.65</b>	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.7984</b>					<b>1.5223</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	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	\$5,691,497	\$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 Adjstmts	(\$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	40,515									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 38,159								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 Case Mix Index for All Residents	from 4 qtrs of FY12		<b>1.5761</b>								
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 =	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 Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.7984</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.57								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$167.77	\$103.57	\$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 ((Stnd - Alwtd) 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	\$2.59	\$2.59								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	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	\$23.96	\$6.23	\$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>\$191.73</b>	<b>\$109.80</b>	<b>\$0.00</b>	<b>\$17.40</b>	<b>\$13.46</b>	<b>\$0.00</b>	<b>\$40.41</b>	<b>\$0.10</b>	<b>\$9.32</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>\$130.97</b>									

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

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide
			Totals	Routine Services	Special Services	Dietary	Laundry & Housekeeping	Plant Operations & Maint	Admin and General	A&G- GL-PL 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	\$7,471,546	\$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 Allwnc %	\$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		1.5287								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.19								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$166.09	\$95.19	\$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 ((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	\$0.95	\$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	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$188.53	\$99.53	\$0.00	\$17.64	\$19.32	\$0.00	\$37.99	\$2.52	\$11.16	\$0.37
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$128.57									

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

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Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				Facility Specific	State-wide
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL 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	\$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 Adjstms	(\$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	35,374									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 33,215								33,215		
9	Net Per Diems prior to Case Mix Adjstmt 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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.3379</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.53								
12	Net Per Diems after Case Mix Adjstmt 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 = <u>13.37%</u>	Ln 14 x Gwth 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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.5120</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.75								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$175.88	\$103.75	\$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 (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	\$2.59	\$2.59								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.11	\$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	\$24.33	\$6.23	\$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	\$200.21	\$109.98	\$0.00	\$17.03	\$21.37	\$0.00	\$37.74	\$2.87	\$10.26	\$0.96
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$137.33									

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

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Provider: <b>Wood Dale Health 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>00143591A</b>		Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.2524</b>					<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>2.54</b>		Qtrly BIMS score: <b>44.0%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.1812</b>					<b>1.4961</b>	
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.1978</b>					<b>1.5223</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	\$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	FY12 Audited C/R Days	29,208								
9	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 29,114	FY 18 GL-PL Ins Rpt Days							29,114		
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		1.2524								
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	\$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 =	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		1.1978								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.75								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$156.78	\$89.75	\$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 (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 =	Ln 19 Col b x CPS Add-on	\$2.24	\$2.24								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Slfng 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	\$23.56	\$5.46	\$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	\$180.34	\$95.21	\$0.00	\$18.47	\$21.41	\$0.00	\$35.25	\$0.28	\$9.64	\$0.08
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$122.43									

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

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Provider: <b>Woodlands Health &amp; Rehab Ctr.</b>				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00141985A</b>												
	Case Mix Per Diem Rate Effective Date: <b>7/1/2020</b>			Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.1917				1.3617		
	MDS & Nurse Hrs Data per Quarter Ending: <b>03/31/20</b>			Qtrly BIMS score: 32.6%	2.5%	Quarterly Medicaid CMI: 1.1335				1.4961		
				Nurse Hours per On-Site Day/Quality Incentive: 2.61	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.1513				1.5223		

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin 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	(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	\$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 Adjstmts	(\$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	22,087									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 41,847										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	FY 18 GL-PL Ins Rpt Days								41,847		
10	Base Period Facility Case Mix Index for All Residents	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
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	from 4 qtrs of FY12		\$48.35								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	Ln 9 / Ln 10		\$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)	RS = Ln 11, AIOthr = Ln 9		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	per Peer Group Limits	\$103.25	\$48.35	\$0.00	\$14.12	\$17.04		\$16.77	\$0.53	5.15	\$1.29
	Quarterly Per Diem Rate Prior to Add-ons	Lesser of Ln 12 or Ln 13									(FRV)	
15	Growth Allowance Percentage = 13.37%	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	\$116.12	\$54.81	\$0.00	\$16.01	\$19.32	\$0.00	\$19.01	\$0.53	\$5.15	\$1.29
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1513								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$63.10								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AIOthr = Ln 16	\$124.41	\$63.10	\$0.00	\$16.01	\$19.32	\$0.00	\$19.01	\$0.53	\$5.15	\$1.29
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((SInd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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	\$1.58	\$1.58								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.89	\$1.89								
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	\$22.10	\$4.00	\$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	\$146.51	\$67.10	\$0.00	\$16.23	\$19.73	\$0.00	\$36.48	\$0.53	\$5.15	\$1.29
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$97.06									
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 FY14 Cost Report Data

FINAL

Line #	Description	Sources / Calculations	Add-on Data and Percentages					Case Mix Index (CMI) Data					State-wide
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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	\$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 Adjstmts	(\$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 Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 22,894 As Filed Days = 44,670	22,894								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	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage =	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		1.7527									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$141.32									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$220.38	\$141.32	\$0.00	\$17.89	\$19.68	\$0.00	\$27.23	\$4.54	\$8.90	\$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)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
21	BIMS Add-on Per Diem =	Ln 19 Col b x CPS Add-on	\$3.53	\$3.53									
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Sflng Add-on	\$2.83	\$2.83									
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	\$24.62	\$6.89	\$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	\$245.00	\$148.21	\$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	\$170.93										

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

FINAL

Line #	Description	Sources / Calculations	Add-on Data and Percentages				Case Mix Index (CMI) Data				State-wide	
			Totals	Routine Services	Special Services	Dietary	Laundry & Houskng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance		Property and Related
			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	\$4,150,140	\$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 Adjstnts	(\$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 Case Mix Index for All Residents	from 4 qtrs of FY12		1.2201								
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 Growth Allow %	\$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 Case Mix Index for Medicaid Residents	per Current Qtr End		1.7521								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.74								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$166.46	\$105.74	\$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 (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	\$2.64	\$2.64								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sifng 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	\$24.44	\$6.34	\$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	\$190.90	\$112.08	\$0.00	\$17.17	\$16.86	\$0.00	\$30.25	\$3.75	\$10.01	\$0.78
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$130.35									

Quarterly Case Mix Per Diem Calculation

Provider: Wynfield Park Health & Rehab	<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: 00141512A	Growth Allowance:		N/A	13.37%	Base Period Overall CMI:		1.2181	1.3617
H/B ? : No	Case Mix Per Diem Rate Effective Date: 07/01/20	BIMS:	32.2%	2.5%	Quarterly Medicaid CMI:		1.4305	1.4961
	MDS & Nurse Hrs Data per Quarter Ending: 03/31/20	Nurse Hours per On-Site Day/Quality Incentive:	3.25	2.0%	Qtrly Mcaid CMI w RUG Wght Options:		1.4525	1.5223

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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			
	<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			
	<i>Per Diem Costs and Add-ons</i>											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt										
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								\$ 176,326		
	Standard Per Diem (After CMA for Routine Svcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56	63,305	\$25.63	\$1.23
	Allowed @ 95% of Std		\$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			1.4525							(FRV Rate)	
	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$111.86								
	Quarterly Medicaid CMA Allowed Per Diem		\$208.35	\$111.86		\$19.83	\$24.87		\$22.14	\$2.79	\$25.63	\$1.23
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 2.5% of Routine Svcs)		\$2.80	\$2.80								
	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%		\$2.24	\$2.24								
	Nursing Home Provider Fee		\$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		\$22.13									
	Quarterly Case Mix Based Per Diem Rate		\$230.49	\$116.89		\$19.83	\$24.87		\$39.24	\$2.79	\$25.63	\$1.23
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$160.04										

Quarterly Case Mix Per Diem Calculation

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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>Provider: Zebulon Park Health &amp; Rehab</b> <b>Prvdr ID: 003125041B</b> <b>H/B ? : No</b>												
<b>Case Mix Per Diem Rate Effective Date: 07/01/20</b> <b>MDS &amp; Nurse Hrs Data per Quarter Ending: 03/31/20</b>			<b>Add-on Data and Percentages</b> <b>Growth Allowance: N/A</b> <b>BIMS: 30.3%</b> <b>Nurse Hours per On-Site Day/Quality Incentive: 3.68</b>			<b>Facility Score: N/A</b> <b>Add-on Percent: 13.37%</b> <b>2.5%</b> <b>2.0%</b>		<b>Case Mix Index (CMI) Data</b> <b>Base Period Overall CMI: 1.3753</b> <b>Quarterly Medicaid CMI: 1.3968</b> <b>Qtrly Mcaid CMI w RUG Wght Options: 1.5223</b>			<b>Facility Specific Use Stwd: 1.3753</b> <b>1.3968</b> <b>1.5223</b>	
<b>CASE MIX BASED RATE CALCULATIONS</b>												
<i>Cost Center Peer Groups per Selected Options</i> <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 Measures (Maximums)</i> <b>Per Diem Costs and Add-ons</b> GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvc) <u>Allowed @ 95% of Std</u> Growth Allowance 13.4% CMA Allowed Per Diem (After Growth Allowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem <b>Quarterly Per Diem Add-On Amounts</b> BIMS Add-on Per Diem = 2.5% x Routine Srvc Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% Nursing Home Provider Fee <b>Total Quarterly Per Diem Add-On Amounts</b>												
FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt FY 2012 Peer Group Limit												
\$ 63,806 21,332 \$ 2.99 (FRV Rate)												
\$71.51 \$67.93 \$9.08 \$77.01 1.3968 \$107.57 \$219.03 \$107.57 \$2.69 \$2.15 \$17.10 \$21.94												
\$168.52 \$16.97 \$188.48 \$19.83 \$24.87 \$19.83 \$24.87 \$2.69 \$2.15 \$17.10 \$21.94												
\$71.51 \$67.93 \$9.08 \$77.01 1.3968 \$107.57 \$219.03 \$107.57 \$2.69 \$2.15 \$17.10 \$21.94												
\$168.52 \$16.97 \$188.48 \$19.83 \$24.87 \$19.83 \$24.87 \$2.69 \$2.15 \$17.10 \$21.94												
<b>Quarterly Case Mix Based Per Diem Rate</b> <b>Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%</b>												
\$240.97 \$167.91 \$112.41 \$19.83 \$24.87 \$39.24 \$2.99 \$36.35 \$5.28												