

Provider Number	Provider Name	Rate Effective 10/01/2020 Loc (S)	Rate Effective 10/01/2020 LOC (M)	Leave/BH Rate Effective 10/01/2020 LOC (L)
00493292A	A.G. Rhodes Home - Cobb, Inc.	250.46		175.02
00040818A	A.G. Rhodes Home at Wesley Woods, Inc.	279.69		196.94
00140005A	A.G. Rhodes Home, Inc.	242.71		169.21
00083025A	Abercorn Rehabilitation Center	200.36		137.45
003185378A	County	234.82		163.29
00140027A	Altamaha Healthcare Ctr.	151.01		100.43
00140049A	Amara Healthcare & Rehab.	177.52		120.32
00140379A	Anderson Mill Health & Rehab	194.59		133.12
003136416A	Ansley Park Health & Rehab Center	244.16		170.30
00140093A	Appling Nursing and Rehab Pavillion	234.48		163.04
003185502A	Archway Transitional Care Center	218.44		151.00
00143162A	Arrowhead Healthcare	194.64		133.16
00140159A	Autumn Breeze Health Care Ctr	200.78		137.76
00082992A	Autumn Lane	229.52		159.31
00142084A	Avalon Hlth. & Rehab	219.78		152.01
00059441A	Azalea Health & Rehab	188.08		128.24
00141963A	Azalea Health & Rehabilitation	180.57		122.60
00141886A	Azalea Trace Nursing Home	213.71		147.46
00141237A	Azalealand Nursing Home	240.51		167.56
00258915A	Bainbridge Health Care	179.12		121.52
00140203A	Baptist Village, Inc.	203.25		152.44
00624951A	Bayview Nursing Home	204.04		140.21
00143382A	Berrien Nursing Center	194.56		133.10
00142722A	Blue Ridge Healthcare of Buchanan	197.62		135.39
00059485A	Bolingreen Health & Rehab	184.68		125.69
00140357A	Bonterra Nursing Center	172.16		116.30
003192286A	Bostick Nursing Center	218.52		151.07
00140071A	Brentwood Health & Rehab	162.71		109.21
00140643A	Brian Center of Canton	199.73		136.97
00706813A	Briarwood Health & Rehab Center	225.75		156.49
00140412A	Brightmoor Health Care, Inc.	254.59		178.12
00059562A	Brown Health and Rehab	206.31		141.91
00140434A	Brown's Healthcare	160.49		107.54
00715569A	Bryan County Health & Rehab Ctr	208.30		143.40
00142601A	Bryant Health & Rehab. Ctr, Inc	175.67		118.93
003167547A	Budd Terrace at Wesley Woods	199.27		136.63
00140577A	Calhoun Health Care Center	181.43		123.25
00140478A	Calhoun Nursing Home	226.40		156.98
00366341A	Camellia Gardens of Life Care	179.15		121.54
00140588A	Camellia Hlth & Rehab	191.63		130.90
00870911A	Candler Hospital Sub-Acute Unit	309.10		219.00
00140511A	Canton Nursing Center, Inc.	185.34		126.18
00140852A	Carrollton Manor, Inc.	182.28		123.89
00059661A	Carrollton Nursing and Rehab Center	215.71		148.96
00143085A	Cartersville Heights Care and Rehab	162.33		108.92

Provider Number	Provider Name	Rate Effective 10/01/2020 Loc (S)	Rate Effective 10/01/2020 LOC (M)	Leave/BH Rate Effective 10/01/2020 LOC (L)
00140544A	Cedar Springs Health and Rehab Center	181.83		123.55
00142557A	Cedar Valley Nursing and Rehab Center	197.11		135.01
00059694A	Chaplinwood Health & Rehab	174.82		118.29
00209778A	Chatsworth Health Care Center	204.71		140.71
00143338A	Chatuge Regional Nursing Home	232.71		161.71
003165720A	Chelsey Park H&R	251.55		175.84
00413509A	Cherry Blossom Health Care	221.40		153.23
00228049A	Chestnut Ridge Nursing & Rehabilitation Cent	199.15		136.54
00158034A	Christian City Convalescent Center, Inc.	205.62		154.22
00143437A	Chulio Hills Health and Rehab Center	223.62		154.89
00140467A	Church Home Rehab & Healthcare	212.90		146.85
00142106A	Clinch Health Care	147.00		97.43
00856028A	Coastal Manor	242.01		168.68
00142711A	Cobblestone Rehab and Healthcare Center	193.52		132.32
00140654A	College Park Health Care Center	184.57		125.60
00220448A	Comer Health and Rehab	206.72		142.22
00141138A	Comfort Creek NRC of Wadley	177.05		119.96
00059892A	Cordele Health & Rehab	246.24		171.86
00141666A	Countryside Health Center	173.50		117.30
00141523A	Covenant Dove- Macon	230.31		159.91
00273567A	Crestview Nursing Facility	192.88		144.66
00274128A	Crisp Regional Nursing and Rehab Ctr	244.80		170.78
00142502A	Cross View Care Center	163.82		110.04
00140302A	Cumming Nursing Center	248.70		173.70
000815493B	D. Scott Hudgens Center for Skilled Nursing	258.09		180.74
00142865A	Dade Health and Rehab Center	223.58		154.86
00140808A	Dawson Health & Rehab	183.03		124.45
00059452A	Decatur Health and Rehab Ctr	198.82		136.29
00395161A	Delmar Gardens of Gwinnett, Inc.	217.79		150.52
00296271A	Delmar Gardens of Smyrna	198.19		135.82
00141083A	Douglasville Nursing and Rehab Ctr.	185.78		126.51
00059947A	Dublinair Health & Rehab Center	186.30		126.90
00815295A	Dunwoody Health and Rehab Ctr	247.22		172.59
00143151A	Eagle Health	227.16		157.55
00140874A	Early Memorial Nursing Home	192.78		131.76
00140137A	East Lake Arbor	228.89		158.84
00141974A	Eastman Healthcare	163.84		110.06
00140885A	Eastview Nursing Home	171.88		116.09
00223473A	Eatonton Health & Rehabilitation Center	192.44		131.51
00140907A	Effingham Extended Care Facility	218.37		150.95
00140929A	Emanuel Medical Center Nursing Home	209.60		144.38
00142766A	Etowah Landing Care and Rehab	168.39		113.47
835154999A	Evergreen Health and Rehab	183.56		124.85
00173071A	Fairburn Health Care Center	181.51		123.31

Provider Number	Provider Name	Rate Effective 10/01/2020 Loc (S)	Rate Effective 10/01/2020 LOC (M)	Leave/BH Rate Effective 10/01/2020 LOC (L)
00140984A	Fifth Avenue Health Care	205.55		141.34
00207083A	Florence Hand Home	218.18		150.81
00141006A	Folkston Park Care and Rehab	157.74		105.48
00140599A	Fort Gaines Healthcare, LLC	185.18		126.06
00141028A	Fort Valley Nursing Ctr.	160.56		107.60
00405292A	Four County Health Care Center	162.54		109.08
00143074A	Fox Glove Court Care and Rehab	181.87		123.58
00141567A	Friendship Health and Rehab Center	205.32		141.17
00140786A	Gateway Health and Rehab Center	198.58		136.11
00141116A	Gibson Health & Rehabilitation Center	185.27		126.13
003214231A	Glen Eagle Healthcare & Rehab	213.85		147.56
00141149A	Glenn-Mor Nursing Home	193.30		132.15
00141171A	Glenvue Nursing Home	238.64		166.16
00220514A	Glenwood Health and Rehab Center	167.81		113.03
701562744A	Glenwood Healthcare	172.02		116.19
00142975A	Gold City Health and Rehabilitation Ctr	154.29		102.89
00202848A	Gordon Health Care Center	188.58		128.61
00083267A	Grace Health Care of Tucker	188.52		128.57
00141182A	Gracemore Nursing Center	191.97		131.15
00141226A	Grandview Health Care Center	210.04		144.71
00083014A	Green Acres Health & Rehab	179.19		121.57
00142634A	Greene Point Healthcare	206.94		142.38
00781382A	Gwinnett Extended Care Center	254.86		178.32
00141292A	Habersham Home	212.78		146.76
00141325A	Haralson Nursing and Rehab Center	181.58		123.36
00142447A	Harborview Health Systems - Pierce	245.13		171.02
00142755A	Harborview Health Systems - Satilla	242.42		168.99
00140621A	Harborview Health Systems - Thomaston	187.06		127.47
00141611A	Harborview Health Systems of Jesup	164.56		110.60
003165726A	Harrington Park	225.74		156.48
00167857A	Hart Care Center	173.26		117.12
00141413A	Hartwell Health and Rehabilitation	202.43		139.00
00059705A	Hazlehurst Court Care and Rehab	157.73		105.47
00082981A	Heardmont Nursing Home	194.23		132.85
00141358A	Heart of Georgia	244.72		170.71
00141017A	Heritage Healthcare -Forsyth, LLC	207.00		142.43
00141215A	Heritage Healthcare -Grandview, LLC	212.54		146.58
00143613A	Heritage Inn of Barnesville	179.69		121.94
00142678A	Heritage Inn of Sandersville	205.89		141.59
00142161A	Heritage Inn of Statesboro	186.10		126.75
00212814A	High Shoals Health & Rehabilitation	217.33		150.17
00448456A	Hill Haven Nursing Home	185.64		126.41
00142689A	Jesup Health Care	190.02		129.69
00141633A	Joe-Ann Burgin Nursing Center	183.51		124.81
00531033A	Jonesboro Nurs. & Rehab Ctr.	185.20		126.08

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00143426A	Kentwood	246.39		171.97
00141655A	Keysville Nursing Home and Rehab Ctr	178.19		120.82
00399737A	Lafayette Nursing & Rehab Center	217.02		149.94
00270245A	LaGrange Nurs, & Rehab. Ctr.	155.39		103.72
00141699A	Lake City Nursing & Rehab Ctr.	171.54		115.83
00403939A	Lake Crossing Heath Care	158.71		106.21
00141732A	Lakeland Villa Convalescent Center	232.64		161.66
00712665A	Lee County Health Care	193.72		132.47
00141831A	Legacy Nursing Home	182.25		123.86
00415522A	Legacy Nursing Home	243.75		169.99
00370873A	Life Care Center of Gwinnett	199.15		136.54
00818914A	Life Care Center of Lawrenceville	215.83		149.05
00140665A	Life Care Center, Inc.	147.00		97.43
00142524A	Lillian G. Carter Nursing Center	186.71		127.21
00270256A	Lumber City Nurs. & Rehab. Ctr.	159.52		106.82
00083036A	Lynn Haven Health & Rehab	217.30		150.15
00083278A	Madison Hlth & Rehab	194.41		132.98
00083047A	Magnolia Manor Columbus East	208.60		143.63
00083124A	Magnolia Manor Columbus West	192.25		131.36
00141809A	Magnolia Manor Marion County	214.90		148.35
00040785A	Magnolia Manor Methodist Nursing Care	195.32		146.49
00141402A	Magnolia Manor St. Simons	217.23		150.10
00159266A	Manor Care Rehab Ctr of Decatur	182.36		123.94
00236211A	Manor Care Rehab Ctr of Marietta	190.83		130.30
00534619A	Maple Ridge Health Care Center	232.59		161.62
00141853A	McRae Manor Nursing Home	180.13		122.27
00141864A	Meadowbrook Healthcare	209.35		144.19
003167911A	Meadows Park H&R	264.22		185.34
00141941A	Medical Management H & R	147.00		97.43
00141919A	Memorial Manor Nursing Home	190.37		129.95
00141996A	Miller NH	300.91		212.86
00141578A	Miona Geriatric & Dementia Ctr	185.08		125.99
00142018A	Mitchell Convalescent Center	201.96		138.65
00142062A	Montezuma Health & Rehab	211.77		146.00
00143184A	Mountain View Health and Rehab Center	147.51		97.81
00083223A	Muscogee Manor & Rehab Center	256.33		179.42
00141336A	Nancy Hart Nursing Center	147.00		97.43
00083146A	National Health Care of Rossville	181.70		123.45
00141072A	New Horizons Lanier Park	221.22		153.09
00142007A	New Horizons Limestone	201.11		138.01
00494139A	New London Health Center	194.74		133.23
00040719A	Newnan Hosp. Health & Rehab Ctr	221.34		153.18
00344759A	NHC of Fort Oglethorpe	182.44		124.01
00426214A	Northeast Atlanta H & R Ctr.	226.56		157.10
00059331A	Northridge Hlth & Rehab Ctr	200.05		137.21

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00142183A	Nursecare of Buckhead	189.21		129.08
00142249A	Oak View Home - Waverly Hall	183.60		124.88
00142238A	Oakview Health & Rehab Center	207.77		143.00
003188970A	Oceanside Health & Rehab - Tybee	234.34		162.93
00142293A	Oconee Health & Rehab	205.65		141.41
00947658A	Oconee Regional SNF	250.95		175.39
00142656A	Orchard Health and Rehab	190.07		129.73
00142117A	Orchard View Rehab & Skilled NC	208.01		156.00
00143316A	Oxley Park Health & Rehab	186.56		127.10
00142326A	Palemon Gaskins Nursing Home	205.53		141.32
00002164A	Park Place Nursing Facility	176.30		119.40
00141127A	Parkside Ellijay	220.81		152.78
00142425A	Pelham Parkway Nursing Home	173.62		117.39
00142458A	Pine Knoll Nursing and Rehab Center	205.73		141.47
00083135A	Pinehill Nursing Center	193.06		131.97
00142513A	Pinewood Manor Nursing Home	147.00		97.43
00142205A	Pinewood Nursing Ctr	184.36		125.45
00142546A	Pleasant View Nursing Center	147.00		97.43
00222582A	Porter Field H & R Ctr, LLC	176.19		119.32
00530824A	Powder Springs Nurs. & Rehab. Ctr.	210.89		145.34
00141281A	Premier Estate of Dublin	184.98		125.91
00142579A	Presbyterian Home, Quitman, Inc.	201.26		150.95
00362832A	Presbyterian Village, Inc.	237.18		177.89
00142623A	Providence Healthcare of Sparta	223.20		154.58
00142612A	Providence Healthcare of Thomaston	171.61		115.88
00265196A	Pruitt Covington	229.33		159.17
00143569A	Pruitt Health - Washington	200.10		137.25
00140104A	PruittHealth - Ashburn, LLC	210.55		145.09
00141391A	PruittHealth - Athens Heritage, LLC	228.74		158.73
00059463A	PruittHealth - Augusta	213.14		147.03
00059276A	PruittHealth - Austell	217.56		150.35
00140973A	PruittHealth - Blue Ridge, LLC	189.10		129.00
00140115A	PruittHealth - Brookhaven	247.74		172.98
00140764A	PruittHealth - Crestwood	206.17		141.80
00252942A	PruittHealth - Decatur	243.39		169.72
00142997A	PruittHealth - Fairburn, LLC	248.19		173.32
00214695A	PruittHealth - Fort Oglethorpe	187.57		127.85
00141039A	PruittHealth - Franklin, Inc	180.05		122.21
00143052A	PruittHealth - Griffin, LLC	196.71		134.71
00141721A	PruittHealth - Lakehaven	201.40		138.23
00140456A	PruittHealth - Lanier	198.65		136.16
00252007A	PruittHealth - Magnolia Manor	246.53		172.07
00140269A	PruittHealth - Millen	207.68		142.94
00141468A	PruittHealth - Monroe, LLC	208.64		143.66
00142095A	PruittHealth - Moultrie	203.62		139.89

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00142304A	PruittHealth - Old Capitol	169.49		114.29
00142337A	PruittHealth - Palmyra	195.24		133.61
00143327A	PruittHealth - Peake, LLC	227.78		158.01
00238323A	PruittHealth - Savannah	238.48		166.03
00142964A	PruittHealth - Shepherd Hills, LLC	181.53		123.32
00143173A	PruittHealth - Sunrise, LLC	186.74		127.23
00143195A	PruittHealth - Swainsboro, LLC	202.72		139.22
00409494A	PruittHealth - Toombsboro, LLC	214.21		147.83
00141369A	PruittHealth - Valdosta	211.32		145.67
00140401A	PruittHealth - Virginia Park	234.51		163.06
00256088A	PruittHealth - West Atlanta	201.52		138.32
00245055A	PruittHealth Augusta Hills	214.46		148.02
00140687A	PruittHealth- Eastside	222.54		154.08
00140995A	PruittHealth- Fitzgerald	203.31		139.66
00141479A	PruittHealth -Holly Hill	212.08		146.24
00142436A	PruittHealth -Jasper	228.19		158.32
00254394A	PruittHealth -Lafayette, LLC	201.27		138.13
00145527A	PruittHealth -Lilburn, LLC	217.42		150.24
00141908A	PruittHealth -Macon, LLC	220.42		152.49
00202507A	PruittHealth- Marietta	256.56		179.60
00142315A	PruittHealth- Ocilla	222.77		154.25
299031876A	PruittHealth- Rome	221.04		152.96
00143096A	PruittHealth -Spring Valley, LLC	211.64		145.91
00143206A	PruittHealth- Sylvester	172.18		116.31
00143305A	PruittHealth -Toccoa, LLC	180.56		122.60
00140038A	PruittHealth-Greenville	194.50		133.05
00370851A	Quiet Oaks Health Care Center	180.67		122.68
00150279A	Quinton Memorial Health Care	220.90		152.85
00837207A	Regency Park Health Care	223.30		154.65
00143283A	Rehabilitation Center of South Georgia	205.07		140.98
321026473A	Reliable Health and Rehab	214.64		148.16
00141754A	Renaissance Care and Rehab Center	171.54		115.83
00238741A	Resorts at Pooler	174.08		117.74
00142744A	Ridgewood Manor Nursing Home	193.11		132.01
00082684A	River Towne Center	166.19		111.82
00083289A	Riverdale Place Care and Rehab	164.01		110.18
00140346A	Riverside Health & Rheab of Thomaston	210.56		145.10
00140324A	Riverside Healthcare Center	166.86		112.32
00040741A	Riverview Health & Rehab	235.53		163.82
00142777A	Roberta Health Care	147.00		97.43
00838252A	Rockdale Healthcare	195.07		133.48
003182988A	Rockmart Health	206.30		141.90
00140753A	Rome Health and Rehab	195.29		133.64
00083311A	Rose City Health and Rehab Ctr	177.73		120.47
00831751A	Roselane Health and Rehab Center	238.26		165.87

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00587331A	Rosemont at Stone Mountain	210.47		145.03
00142942A	Ross Memorial Health Care Center	223.60		154.88
00141248A	Roswell Nursing & Rehab Ctr	251.53		175.82
00141842A	Sadie G. Mays Health & Rehab Center	191.71		143.79
00142876A	Savannah Beach Nursing & Rehab Center	193.99		132.67
00169199A	Scepter Health & Rehab	203.51		139.81
00141644A	Scott Health & Rehabilitation	196.86		134.82
00142898A	Sears Manor	201.53		138.32
00142909A	Seminole Manor Nursing Home	198.27		135.88
00143129A	Senior Care Ctr.- St. Marys	209.14		144.03
000830827B	Senior Care Ctr.-Brunswick	208.39		156.29
00142986A	Signature HC - Marietta	245.48		171.29
00040763A	Signature HC of Buckhead	242.04		168.71
00083157A	Signature Healthcare of Savannah	190.06		129.72
00143008A	Smith Medical Nursing Care Center	147.00		97.43
00143041A	Social Circle Nursing and Rehab Center	238.18		165.81
00140918A	Pines)	281.77		198.50
00143558A	Southland Healthcare & Rehab Ctr.	152.92		101.87
00409054A	Southland Nursing Home	218.71		151.21
00059826A	Southwell Health and Rehab (Cook)	233.34		162.18
00143063A	Sparta Health & Rehab	172.69		116.69
00851243A	St. Joseph's Transitional Care Unit	230.17		159.80
03143404A	Stevens Park	269.67		189.43
00142139A	Summerhill Elderliving Home	216.42		149.49
00040796A	Syl-View Health Care Center, Inc.	153.96		102.65
00727801A	Tara at Thunderbolt Nursing & Rehab Center	182.69		124.19
00143228A	Tattnall Nursing, LLC	147.00		97.43
00432924A	Taylor County Health Care	196.06		134.22
00059397A	The Bell-Minor Home, Inc.	188.57		128.60
00083102A	The Center for Advanced Rehab @ Parkside	259.63		181.90
00421429A	The Fountainview Ctr for Alzheimer's Disease	244.74		170.73
00142381A	The Lodge	256.83		179.79
00140258A	The Oaks - Bethany (Vidalia)	196.26		134.37
00141743A	The Oaks at Limestone, LLC	238.03		165.70
00178307A	The Oaks at Scenic View	214.31		147.91
00142271A	The Oaks Nursing Home, Inc.	198.24		135.86
00140126A	The Oaks of Athens	245.07		170.98
00140181A	The Oaks of Carrollton	208.27		143.38
00141589A	The Place at Deans Bridge	192.94		131.88
00142535A	The Place at Martinez	199.35		136.69
00142733A	The Retreat Nursing Home	202.92		139.37
00277604A	Thomasville Nurs. & Rehab. Ctr.	171.12		115.52
00143261A	Thomson Health & Rehab	187.93		128.12
00143294A	Tifton Health and Rehab Center	184.14		125.28

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00083003A	Tower Road Healthcare	240.59		167.62
00404995A	Townsend Park H & R	198.20		135.83
00143701A	Traditions Health & Rehab	192.47		144.35
00143349A	Treutlen County Health & Rehab	185.76		126.50
00142843A	Twin Fountains Home	176.36		119.45
00143393A	Twin Oaks Convalescent Center	230.57		160.10
00040807A	Twin View Health Care	147.00		97.43
00143415A	Union County Nursing Home	207.22		142.59
00140533A	University Nursing and Rehab Center	220.28		152.39
00908553A	UPAC - Laurel Park	245.62		171.39
00142931A	Vista Park	237.47		165.28
00141952A	Warm Springs Med. Ctr. NH	172.17		116.30
00141303A	Warner Robins Rehab & Nursing Center	173.37		117.20
00142645A	Warrenton Health and Rehabilitation Center	187.98		128.16
00143481A	Washington County ECF	196.61		134.63
00143459A	Waycross Health & Rehabilitation Center	175.20		118.58
00142359A	WellStar Paulding Nursing Center	183.87		137.90
00143503A	Westbury H & R - Conyers, Inc	208.74		143.73
00143525A	Westbury H & R-McDonough, Inc	200.84		137.81
00143514A	Westbury Medical Care Home, Inc.	196.98		134.91
00140082A	Westminister Commons	194.44		133.01
00143536A	Westview Nursing & Rehab Center	195.78		134.01
00219359A	Westwood (University Extended Care)	220.19		152.32
00370862A	Westwood Nursing Center	166.85		112.31
00143547A	Wildwood Health Care, Inc.	204.17		140.30
00040752A	William Breman Jewish Home	273.43		192.25
00271829A	Willowwood Nursing Center	161.87		108.58
00241678A	Windemere Health & Rehab	185.04		125.96
00142854A	Winder Nursing, Inc.	193.67		132.43
00143118A	Winthrop Manor Nursing Center	196.09		134.24
00143591A	Wood Dale Health Care Center	183.89		125.09
00141985A	Woodlands Health & Rehab Ctr.	147.00		97.43
00171212A	Woodstock Nursing and Rehab Center	250.87		175.33
00143602A	Wrightsville Manor	188.09		128.24
00141512A	Wynfield Park Health & Rehab	229.22		159.09
003125041B	Zebulon Park Health & Rehab	236.04		164.20

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

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Provider: <b>A.G. Rhodes Home - Cobb, Inc.</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvd ID: <b>00493292A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.4016</b>					<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>4.12</b>		Qtrly BIMS score: <b>29.6%</b>	<b>1.0%</b>	Quarterly Medicaid CMI: <b>1.6581</b>					<b>1.5138</b>	
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.6898</b>					<b>1.5405</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	\$9,531,009	\$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 FY 12 Audited C/R Days	45,950									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 24,825 FY 18 GL-PL Ins Rpt Days								24,825		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$203.37	\$107.29	\$0.00	\$22.05	\$26.81	(with L&H)	\$33.75	\$4.71	\$8.45	\$0.31
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4016								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.55								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$76.55	\$0.00	\$22.05	\$26.81		\$33.75	\$4.71	\$8.45	\$0.31
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$154.10	\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$4.71	15.51 (FRV)	\$0.31
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage =	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		1.6898								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$136.99								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$227.88	\$136.99	\$0.00	\$20.87	\$26.18	\$0.00	\$23.31	\$4.71	\$15.51	\$0.31
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwaj) 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	\$1.37	\$1.37								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Sifng Add-on	\$4.11	\$4.11								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.58	\$5.48	\$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	\$250.46	\$142.47	\$0.00	\$20.87	\$26.18	\$0.00	\$40.41	\$4.71	\$15.51	\$0.31
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$175.02									

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: A.G. Rhodes Home at Wesley Woods, Inc.</b> <b>Prvdr ID: 00040818A</b> Case Mix Per Diem Rate Effective Date: 10/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 06/30/20 Growth Allowance: N/A Qtrly BIMS score: 57.7% Nurse Hours per On-Site Day/Quality Incentive: 4.55 Facility Score: N/A Add-on Percent: 13.37% 5.5% 3.0% Case Mix Index (CMI) Data Base Period Overall CMI: 1.4319 Quarterly Medicaid CMI: 1.9699 Qtrly Mcaid CMI w RUG Wght Options: 2.0095 1.5405												
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$10,715,572	\$5,648,350	\$0	\$886,922	\$693,869	\$711,087	\$2,309,540	\$0	\$465,804	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$248,833)	(\$97,239)	\$0	(\$24,371)	\$4,671	\$2,981	(\$159,894)		\$11,350	\$13,669
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$10,466,739	\$5,551,111	\$0	\$862,551	\$698,540	\$714,068	\$2,149,646	\$0	\$477,154	\$13,669
8	Total Nursing Facility Days	As Filed Days = 51,585 FY12 Audited C/R Days	51,611									
8	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 48,690 FY 18 GL-PL Ins Rpt Days								48,690		
9	Net Per Diems prior to Case Mix 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 =	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		2.0095								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$162.91								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$248.52	\$162.91	\$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 - Awdj x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
21	BIMS Add-on Per Diem =	Ln 19 Col b x CPS Add-on	\$8.96	\$8.96								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Sifng Add-on	\$4.89	\$4.89								
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	\$31.17	\$13.85	\$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	\$279.69	\$176.76	\$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	\$196.94									

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

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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>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.3781</b>					<b>1.3781</b>	<b>1.3617</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>4.33</b>		Qtrly BIMS score: <b>44.9%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.5846</b>					<b>1.5846</b>	<b>1.5138</b>
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.6151</b>					<b>1.6151</b>	<b>1.5405</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	\$9,365,897	\$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 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	\$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>1.6151</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$130.94								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$218.41	\$130.94	\$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 - Awdl) 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>2.5%</u> (to Routine Svcs)	Ln 19 Col b x C/PS Add-on	\$3.27	\$3.27								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.93	\$3.93								
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	\$24.30	\$7.20	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$242.71	\$138.14	\$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	\$169.21									

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

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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>10/1/2020</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>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.62</b>		Qtrly BIMS score: <b>41.9%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.5869</b>					<b>1.5869</b>	<b>1.5138</b>
					<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.6151</b>					<b>1.6151</b>	<b>1.5405</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	FY12 Audited C/R Days	32,214									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,185	FY 18 GL-PL Ins Rpt Days								30,185		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$161.60	\$89.74	\$0.00	\$16.52	\$15.50	(with L&H)	\$31.49	\$3.36	\$2.92	\$2.07
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5995								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.11								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$56.11	\$0.00	\$16.52	\$15.50		\$31.49	\$3.36	\$2.92	\$2.07
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$123.82	\$56.11	\$0.00	\$16.52	\$15.50		\$20.56	\$3.36	9.70 (FRV)	\$2.07
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$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		1.6151								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.74								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.48	\$102.74	\$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	\$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 = 2.0% (to Routine Svcs)	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	\$22.88	\$5.15	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$200.36	\$107.89	\$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	\$137.45									

Quarterly Case Mix Per Diem Calculation

Provider: Advanced Health and Rehab of Twiggs County Prvdr ID: 003185378A H/B?: No		Add-on Data and Percentages Growth Allowance: BIMS: Nurse Hours per On-Site Day/Quality Incentive:			Facility Score N/A 30.4% 3.50	Add-on Percent 13.37% 2.5% 3.0%	Case Mix Index (CMI) Data Base Period Overall CMI: Quarterly Medicaid CMI: Qtrly Mcaid CMI w RUG Wght Options:				Facility Specific Use Stwd 1.6077 1.6383	State-wide 1.3617 1.5138 1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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								\$ 54,437		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								26,482		
	Standard Per Diem (After CMA for Routine Svcs) Allowed @ 95% of Std	FY 2012 Peer Group Limit		\$71.51	\$67.93	\$18.41	\$23.09		\$20.56		\$15.71	\$0.00
	Growth Allowance 13.4%		\$142.60	\$67.93	\$17.49	\$21.94		\$19.53			\$15.71	\$0.00
	CMA Allowed Per Diem (After Growth Allowance)		\$161.63	\$77.01	\$9.08	\$2.34	\$2.93		\$2.61			
	Quarterly Facility Case Mix Index for Medicaid Residents			\$126.17	\$19.83	\$24.87		\$22.14		\$ 2.06	\$15.71	\$0.00
	Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$126.17							(FRV Rate)	
	Quarterly Medicaid CMA Allowed Per Diem		\$210.78	\$126.17		\$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% x Routine Svcs)		\$3.15	\$3.15								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$3.79	\$3.79								
	Nursing Home Provider Fee		\$17.10						17.10			
	<b>Total Quarterly Per Diem Add-On Amounts</b>		\$24.04									
	<b>Quarterly Case Mix Based Per Diem Rate</b>		\$234.82	\$133.11		\$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%		\$163.29									

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

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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>10/1/2020</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>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>2.87</b>		Qtrly BIMS score: <b>13.0%</b>	<b>0.0%</b>	Quarterly Medicaid CMI: <b>1.5168</b>					<b>1.5168</b>	<b>1.5138</b>
					<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.5422</b>					<b>1.5422</b>	<b>1.5405</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>											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,496,153	\$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									
8	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 Allownc %	\$11.51	\$5.32	\$0.00	\$1.58	\$1.89	\$0.00	\$2.72	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$106.75	\$45.08	\$0.00	\$13.43	\$16.02	\$0.00	\$23.05	\$0.63	\$7.34	\$1.20
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5422								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$69.52								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$131.19	\$69.52	\$0.00	\$13.43	\$16.02	\$0.00	\$23.05	\$0.63	\$7.34	\$1.20
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Awd) 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	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Slfng Add-on	\$1.39	\$1.39								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$19.82	\$1.92	\$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	\$151.01	\$71.44	\$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	\$100.43									

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

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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
Prvd ID: <b>00140049A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.1730</b>					<b>1.3617</b>	<b>1.5138</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.89</b>		Qtrly BIMS score: <b>22.9%</b>	<b>1.0%</b>	Quarterly Medicaid CMI: <b>1.5407</b>					<b>1.5405</b>	<b>1.5405</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	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 Allownc %	\$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		1.5407								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.42								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$155.73	\$88.42	\$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 ((Stnd - Ahdw) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem =	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	\$2.65	\$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	\$21.79	\$4.06	\$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	\$177.52	\$92.48	\$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	\$120.32									

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 & Houskprng	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: Anderson Mill Health &amp; Rehab</b> <b>Prvdr ID: 00140379A</b> Case Mix Per Diem Rate Effective Date: 10/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 06/30/20 Growth Allowance: N/A Qtrly BIMS score: 27.8% Nurse Hours per On-Site Day/Quality Incentive: 3.33 Facility Score: N/A Add-on Percent: 13.37% 1.0% 2.0% Base Period Overall CMI: 1.4753 Quarterly Medicaid CMI: 1.6100 Qtrly Mcaid CMI w RUG Wght Options: 1.6380 1.3617 1.5138 1.5405												
<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	\$8,774,777	\$3,926,935	\$0	\$671,818	\$392,185	\$363,064	\$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	\$363,064	\$1,404,285	\$411,887	\$1,189,470	\$56,913
8	Total Nursing Facility Days	As Filed Days = 50,357 FY12 Audited C/R Days	50,357									
9	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 44,121 FY 18 GL-PL Ins Rpt Days								44,121		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$168.70	\$77.98	\$0.00	\$13.34	\$15.40	(with L&I)	\$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 Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$52.86	\$0.00	\$13.34	\$15.40		\$27.89	\$9.34	\$23.62	\$1.13
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$121.49	\$52.86	\$0.00	\$13.34	\$15.40		\$20.56	\$9.34	8.86 (FRV)	\$1.13
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$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		1.6380								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.17								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$173.39	\$98.17	\$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 ((Stnd - Alwdj x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.98	\$0.98								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Sifng 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	\$21.20	\$3.47	\$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	\$194.59	\$101.64	\$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	\$133.12									

Quarterly Case Mix Per Diem Calculation

Provider: Ansley Park Health & Rehab Center Prvdr ID: 003136416A H/B ? : No			Add-on Data and Percentages Growth Allowance: BIMS: Nurse Hours per On-Site Day/Quality Incentive:			Facility Score N/A 18.8% 4.90	Add-on Percent 13.37% 0.0% 3.0%	Case Mix Index (CMI) Data Base Period Overall CMI: Quarterly Medicaid CMI: Qtrly Mcaid CMI w RUG Wght Options:			Facility Specific Use Stwd 1.3811 1.4078	State-wide 1.3617 1.5138 1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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 Srvcs)	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			<u>1,4078</u>							(FRV Rate)	
	Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem			\$108.42								
	Quarterly Medicaid CMA Allowed Per Diem		\$223.81	\$108.42		\$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% (o Routine Srvcs)		\$0.00	\$0.00								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$3.25	\$3.25								
	Nursing Home Provider Fee		\$17.10						17.10			
	<b>Total Quarterly Per Diem Add-On Amounts</b>		\$20.35									
	<b>Quarterly Case Mix Based Per Diem Rate</b>		\$244.16	\$111.67		\$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>		\$170.30									

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 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	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 Adjstmnts	(\$115,028)	\$0	\$0	\$0	(\$17,548)	(\$20,441)	(\$62,275)		(\$14,764)	\$0
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,296,355	\$3,136,854	\$0	\$947,947	\$417,922	\$486,848	\$737,019	\$218,142	\$351,623	\$0
8	Total Nursing Facility Days As Filed Days = 36,305	FY12 Audited C/R Days	36,305									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,711	FY 18 GL-PL Ins Rpt Days								36,711		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$173.36	\$86.40	\$0.00	\$26.11	\$24.92	(with L&H)	\$20.30	\$5.94	\$9.69	\$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.0796								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.03								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$80.03	\$0.00	\$26.11	\$24.92		\$20.30	\$5.94	\$9.69	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	\$0.00
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$175.81	\$71.51	\$0.00	\$26.11	\$23.09		\$20.30	\$5.94	28.86 (FRV)	\$0.00
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$18.85	\$9.56	\$0.00	\$3.49	\$3.09	\$0.00	\$2.71	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$194.66	\$81.07	\$0.00	\$29.60	\$26.18	\$0.00	\$23.01	\$5.94	\$28.86	\$0.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2087								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.99								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$211.58	\$97.99	\$0.00	\$29.60	\$26.18	\$0.00	\$23.01	\$5.94	\$28.86	\$0.00
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((SInd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.41	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.19		\$0.00	
21	BIMS Add-on Per Diem = 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 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	\$22.90	\$5.39	\$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	\$234.48	\$103.38	\$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	\$163.04									

Quarterly Case Mix Per Diem Calculation

Provider: Archway Transitional Care Center Prvdr ID: 003185502A H/B ? : No			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: 10/01/20 MDS & Nurse Hrs Data per Quarter Ending: 06/30/20			Growth Allowance: N/A				N/A	13.37%	Base Period Overall CMI: 1.1845			1.3617	1.5138
			BIMS: 47.1%				5.5%	Quarterly Medicaid CMI: 1.2031			1.845	1.5405	
			Nurse Hours per On-Site Day/Quality Incentive: 3.47				2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.2031	1.5405	
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>													
	<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								\$ 95,619			
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								19,779			
	Standard Per Diem (After CMA for Routine Srvcs)	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			1.2031							(FRV Rate)		
	Qtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem			\$92.65									
	Quarterly Medicaid CMA Allowed Per Diem		\$194.39	\$92.65		\$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 Srvcs)		\$5.10	\$5.10									
	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%		\$1.85	\$1.85									
	Nursing Home Provider Fee		\$17.10					17.10					
	<b>Total Quarterly Per Diem Add-On Amounts</b>		\$24.05										
	<b>Quarterly Case Mix Based Per Diem Rate</b>		\$218.44	\$99.60		\$19.83	\$24.87		\$39.24	\$4.83	\$24.20	\$5.86	
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$151.00											

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

FINAL

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>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.4860</b>					<b>1.4860</b>	<b>1.3617</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>2.35</b>		Qtrly BIMS score: <b>63.0%</b>	<b>5.5%</b>	Quarterly Medicaid CMI: <b>1.9121</b>					<b>1.9121</b>	<b>1.5138</b>
					<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.9489</b>					<b>1.9489</b>	<b>1.5405</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 Adjstmts	(\$420,703)	(\$321,340)	\$0	(\$9,170)	(\$1,236)	\$20,697	(\$68,358)		(\$106,114)	\$64,818
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,051,766	\$2,508,637	\$0	\$509,544	\$364,193	\$328,588	\$703,965	\$34,098	\$537,923	\$64,818
8	Total Nursing Facility Days As Filed Days = 37,615	FY12 Audited C/R Days	37,615									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,491	FY 18 GL-PL Ins Rpt Days								38,491		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$134.29	\$66.69	\$0.00	\$13.55	\$18.42	(with L&H)	\$18.72	\$0.89	\$14.30	\$1.72
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4860								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$44.88								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$44.88	\$0.00	\$13.55	\$18.42		\$18.72	\$0.89	\$14.30	\$1.72
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$107.53	\$44.88	\$0.00	\$13.55	\$18.42		\$18.72	\$0.89	9.35 (FRV)	\$1.72
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allownc %	\$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		1.9489								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.16								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$168.58	\$99.16	\$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 ((Stand - 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 = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.45	\$5.45								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.98	\$1.98								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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	\$194.64	\$107.12	\$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	\$133.16									

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

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Provider: Autumn Breeze Health Care Ctr		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00140159A		Case Mix Per Diem Rate Effective Date: 10/1/2020		Growth Allowance: N/A		13.37%	Base Period Overall CMI: 1.2569				1.3617		
		MDS & Nurse Hrs Data per Quarter Ending: 06/30/20		Qtrly BIMS score: 24.6%		1.0%	Quarterly Medicaid CMI: 1.6363				1.5138		
				Nurse Hours per On-Site Day/Quality Incentive: 3.18		3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6689				1.5405		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> Type of Facility 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 Adjstmts	(\$588,903)	(\$272,137)	\$0	(\$26,640)	\$609	\$4,521	(\$277,714)		(\$53,097)	\$35,555	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,071,012	\$2,598,988	\$0	\$523,737	\$248,575	\$261,813	\$777,586	\$61,986	\$562,772	\$35,555	
8	Total Nursing Facility Days	As Filed Days = 35,506		35,532									
9	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		1.6689									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.10									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.12	\$110.10	\$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 ((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	\$1.10	\$1.10									
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$3.30	\$3.30									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.66	\$4.93	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$200.78	\$115.03	\$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	\$137.76										

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>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) Allowed @ 95% of Std Growth Allowance 13.4% CMA Allowed Per Diem (After Growth Allowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine 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% (o Routine Srvc) Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% Nursing Home Provider Fee <b>Total Quarterly Per Diem Add-On Amounts</b> <b>Quarterly Case Mix Based Per Diem Rate</b> Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%												
		FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt FY 2012 Peer Group Limit		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Freestanding All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
				90.0%	90.0%	90.0%	85.0%		50.0%			
				100.0%	100.0%	100.0%	100.0%		105.0%			
				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
				\$71.51		\$18.41	\$23.09		\$20.56	\$ 55,587	\$33.41	\$0.61
			\$160.91	\$67.93		\$17.49	\$21.94		\$19.53	20,097	\$33.41	\$0.61
			\$16.97	\$9.08		\$2.34	\$2.93		\$2.61			
			\$180.65	\$77.01		\$19.83	\$24.87		\$22.14	\$ 2.77	\$33.41	\$0.61
				1,3389							(FRV Rate)	
				\$103.11								
			\$206.74	\$103.11		\$19.83	\$24.87		\$22.14	\$2.77	\$33.41	\$0.61
				\$2.58	\$2.58							
				\$3.09	\$3.09							
				\$17.10					17.10			
			\$22.77									
			\$229.52	\$108.78		\$19.83	\$24.87		\$39.24	\$2.77	\$33.41	\$0.61
		\$159.31										

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

FINAL

Provider: Avalon Hlth. & Rehab		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00142084A		Case Mix Per Diem Rate Effective Date: 10/1/2020		Growth Allowance: N/A		N/A	13.37%	Base Period Overall CMI: 1.1537				1.3617	
		MDS & Nurse Hrs Data per Quarter Ending: 06/30/20		Qtrly BIMS score: 69.2%		69.2%	5.5%	Quarterly Medicaid CMI: 1.4771				1.5138	
				Nurse Hours per On-Site Day/Quality Incentive: 3.75		3.75	2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5003				1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> Type of Facility 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	\$4,383,726	\$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											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 28,835									28,835		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$151.49	\$80.10	\$0.00	\$14.25	\$19.33	(with L&H)	\$19.66	\$2.99	\$14.29	\$0.87	
10	Base Period Facility 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 Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$69.43	\$0.00	\$14.25	\$19.33		\$19.66	\$2.99	\$14.29	\$0.87	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$136.52	\$69.43	\$0.00	\$14.25	\$19.33		\$19.66	\$2.99	9.99	\$0.87	
											(FRV)		
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Alhnc %	\$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		1.5003									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.09									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.30	\$118.09	\$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 ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.49	\$6.49									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$2.36	\$2.36									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.48	\$9.38	\$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	\$219.78	\$127.47	\$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	\$152.01										

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	\$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 Adjstrnts	(\$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&I)	\$18.92	\$3.80	\$7.21	\$1.04
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3435								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.86								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$50.86	\$0.00	\$15.74	\$17.44		\$18.92	\$3.80	\$7.21	\$1.04
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$117.46	\$50.86	\$0.00	\$15.74	\$17.44		\$18.92	\$3.80	9.66 (FRV)	\$1.04
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage =	Ln 14 x Grwth Allwnc %	\$13.76	\$6.80	\$0.00	\$2.10	\$2.33	\$0.00	\$2.53	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$131.22	\$57.66	\$0.00	\$17.84	\$19.77	\$0.00	\$21.45	\$3.80	\$9.66	\$1.04
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4530								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$83.78								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$157.34	\$83.78	\$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 (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 =	Ln 19 Col b x CPS Add-on	\$2.09	\$2.09								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Sifng 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	\$23.23	\$5.13	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$180.57	\$88.91	\$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	\$122.60									

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> <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 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 Adjstmts	(\$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										
	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		1.5985								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.67								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$47.67	\$0.00	\$14.35	\$13.36		\$26.39	\$0.10	\$8.21	\$1.24
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$109.24	\$47.67	\$0.00	\$14.35	\$13.36		\$20.56	\$0.10	11.96	\$1.24
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage =	Ln 14 x Grwth Allwnc %	\$12.83	\$6.37	\$0.00	\$1.92	\$1.79	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$122.07	\$54.04	\$0.00	\$16.27	\$15.15	\$0.00	\$23.31	\$0.10	\$11.96	\$1.24
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8023								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.40								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$165.43	\$97.40	\$0.00	\$16.27	\$15.15	\$0.00	\$23.31	\$0.10	\$11.96	\$1.24
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem (Sind - 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	\$2.44	\$2.44								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$1.95	\$1.95								
23	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	\$188.08	\$102.32	\$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	\$128.24									

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>	Case Mix Per Diem Rate Effective Date: <b>10/01/20</b>		Growth Allowance: <b>N/A</b>	13.37%	Base Period Overall CMI: <b>1.2980</b>			1.2980	1.3699
	MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Qtrly BIMS score: <b>43.8%</b>	2.5%	Quarterly Medicaid CMI: <b>1.3847</b>			1.3847	1.5138
			Nurse Hours per On-Site Day/Quality Incentive: <b>4.07</b>	3.0%	Qtrly Mcaid CMI w RUG Wght Options: <b>1.4099</b>			1.4099	1.5405

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			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)		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	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$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 (FRV)	\$0.17
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage =	Ln 14 x Grwth Allownc %	\$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		1.4099								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.12								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$189.12	\$118.12	\$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 - Alwtd] 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 =	Ln 19 Col b x CPS Add-on	\$2.95	\$2.95								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$3.54	\$3.54								
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	\$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	\$213.71	\$124.61	\$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	\$147.46									

Quarterly Case Mix Per Diem Calculation

Provider: Azalealand Nursing Home Prvdr ID: 00141237A H/B ? : No		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: 10/01/20 MDS & Nurse Hrs Data per Quarter Ending: 06/30/20		Growth Allowance: N/A			N/A	13.37%	Base Period Overall CMI: 1.4999				1.4999	1.3617
		BIMS: 51.4%			51.4%	5.5%	Quarterly Medicaid CMI: 1.5999				1.5999	1.5138
		Nurse Hours per On-Site Day/Quality Incentive: 4.40			4.40	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6308				1.6308	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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								\$ 43,732		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								24,700		
	Standard Per Diem (After CMA for Routine Srvc)	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			1.6308							(FRV Rate)	
	Qrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem			\$125.59								
	Quarterly Medicaid CMA Allowed Per Diem		\$212.73	\$125.59		\$19.83	\$24.87		\$22.14	\$1.77	\$17.05	\$1.48
	<b>Quarterly Per Diem Add-On Amounts</b>											
	BIMS Add-on Per Diem = 5.5% (o Routine Srvc)		\$6.91	\$6.91								
	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>		\$27.78									
	<b>Quarterly Case Mix Based Per Diem Rate</b>		\$240.51	\$136.27		\$19.83	\$24.87		\$39.24	\$1.77	\$17.05	\$1.48
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%		\$167.56									

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>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.2138</b>					<b>1.2138</b>	<b>1.3617</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>2.71</b>		Qtrly BIMS score: <b>52.2%</b>	<b>5.5%</b>	Quarterly Medicaid CMI: <b>1.9394</b>					<b>1.9394</b>	<b>1.5138</b>
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.9767</b>					<b>1.9767</b>	<b>1.5405</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 Adjstmnts	(\$173,176)	(\$123,931)	\$0	\$791	\$1,934	\$7,219	(\$48,025)		(\$30,544)	\$19,380
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,458,967	\$1,671,960	\$0	\$372,675	\$256,056	\$224,670	\$476,126	\$26,806	\$411,294	\$19,380
8	Total Nursing Facility Days As Filed Days = 32,126	FY12 Audited C/R Days	32,126									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,797	FY 18 GL-PL Ins Rpt Days								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		1.2138								
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 = 13.37%	Ln 14 x Grwth Allwnc %	\$11.26	\$5.73	\$0.00	\$1.55	\$2.00	\$0.00	\$1.98	N/A	N/A	N/A
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		1.9767								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.07								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$152.33	\$96.07	\$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 (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	\$5.28	\$5.28								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.88	\$2.88								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.79	\$8.69	\$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	\$179.12	\$104.76	\$0.00	\$13.37	\$17.37	\$0.00	\$34.27	\$1.08	\$7.67	\$0.60
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>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>10/1/2020</b>		Growth Allowance: <b>N/A</b>		<b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.1403</b>		<b>1.3617</b>	<b>1.3617</b>		
		MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Qtrly BIMS score: <b>29.0%</b>		<b>29.0%</b>	<b>1.0%</b>	Quarterly Medicaid CMI: <b>1.3077</b>		<b>1.5138</b>	<b>1.5138</b>		
				Nurse Hours per On-Site Day/Quality Incentive: <b>4.47</b>		<b>4.47</b>	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.3302</b>		<b>1.3302</b>	<b>1.5405</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	\$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										
9	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		<b>1.1403</b>									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.86									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$75.86	\$0.00	\$20.95	\$23.16		\$20.00	\$1.33	\$9.96	\$0.42	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$154.01	\$71.51	\$0.00	\$18.41	\$23.09		\$20.00	\$1.33	19.25 (FRV)	\$0.42	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <b>13.37%</b>	Ln 14 x Grwth Allwnc %	\$17.78	\$9.56	\$0.00	\$2.46	\$3.09	\$0.00	\$2.67	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$171.79	\$81.07	\$0.00	\$20.87	\$26.18	\$0.00	\$22.67	\$1.33	\$19.25	\$0.42	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.3302</b>									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.84									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$198.56	\$107.84	\$0.00	\$20.87	\$26.18	\$0.00	\$22.67	\$1.33	\$19.25	\$0.42	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Awd) x .75, up to max, or 0)	(see Policy Manual)	\$0.37	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.37	\$0.00	\$0.00	\$0.00	
21	BIMS Add-on Per Diem = <b>1.0%</b> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.08	\$1.08									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <b>3.0%</b> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.24	\$3.24									
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	\$4.69	\$4.32	\$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	\$203.25	\$112.16	\$0.00	\$20.87	\$26.18	\$0.00	\$23.04	\$1.33	\$19.25	\$0.42	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$152.44										

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
Prvdr ID: <b>00624951A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.3673</b>					<b>1.3673</b>	<b>1.3617</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>4.62</b>		Qtrly BIMS score: <b>53.5%</b>	<b>5.5%</b>	Quarterly Medicaid CMI: <b>1.5056</b>					<b>1.5056</b>	<b>1.5138</b>
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.5350</b>					<b>1.5350</b>	<b>1.5405</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	\$3,141,476	\$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										
8	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,900										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$149.44	\$76.90	\$0.00	\$17.27	\$20.12	(with L&H)	\$16.61	\$2.29	\$14.09	\$2.16
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3673								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.24								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$56.24	\$0.00	\$17.27	\$20.12		\$16.61	\$2.29	\$14.09	\$2.16
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$128.24	\$56.24	\$0.00	\$17.27	\$20.12		\$16.61	\$2.29	13.55 (FRV)	\$2.16
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage =	Ln 14 x Growth Allownc %	\$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		1.5350								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.87								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.09	\$97.87	\$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 ((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	\$5.38	\$5.38								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Slfng 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	\$26.95	\$8.85	\$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	\$204.04	\$106.72	\$0.00	\$19.80	\$23.22	\$0.00	\$36.30	\$2.29	\$13.55	\$2.16
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$140.21									

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

FINAL

Provider: <b>The Bell-Minor Home, Inc.</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Pvdr ID: <b>00059397A</b>		Case Mix Per Diem Rate Effective Date: <b>10/01/20</b>		Growth Allowance: <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>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.16</b>		Qtrly BIMS score: <b>35.5%</b>	<b>2.5%</b>	Quarterly Medicaid CMI:					<b>1.6520</b>	<b>1.5138</b>
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options:					<b>1.6850</b>	<b>1.5405</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 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	As Filed Days = 34,932	34,932									
9	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 34,404								34,404		
10	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
11	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		<b>1.4312</b>								
12	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$43.97								
13	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
14	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	
15	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	\$1.88
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
16	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
17	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
18	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.6850</b>								
19	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$84.00								
20	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$165.69	\$84.00	\$0.00	\$15.35	\$20.29	\$0.00	\$26.60	\$3.89	\$13.68	\$1.88
<b>Quarterly Per Diem Add-on Amounts</b>												
21	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
22	BIMS Add-on Per Diem =	Ln 19 Col b x CPS Add-on	\$2.10	\$2.10								
23	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$2.52	\$2.52								
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	\$22.88	\$5.15	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
26	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$188.57	\$89.15	\$0.00	\$15.57	\$20.70	\$0.00	\$43.70	\$3.89	\$13.68	\$1.88
27	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$128.60									

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>10/1/2020</b>		Growth Allowance: <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>06/30/20</b>		Qtrly BIMS score: <b>35.6%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.5493</b>					<b>1.5138</b>	<b>1.5138</b>
				Nurse Hours per On-Site Day/Quality Incentive: <b>3.42</b>	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.5765</b>					<b>1.5765</b>	<b>1.5405</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	\$5,378,143	\$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	FY12 Audited C/R Days	37,394									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,514	FY 18 GL-PL Ins Rpt Days								35,514		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$142.01	\$70.41	\$0.00	\$17.51	\$16.80	(with L&H)	\$19.91	\$4.34	\$12.08	\$0.96
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<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>1.5765</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.15								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$170.87	\$92.15	\$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 ((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 = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.30	\$2.30								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.76	\$2.76								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.69	\$5.59	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$194.56	\$97.74	\$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	\$133.10									

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
Prvd ID: <b>00142722A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance:	N/A	Base Period Overall CMI:					1.2328	1.3617
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	25.0%	Quarterly Medicaid CMI:					1.6125	1.5138
					2.84	Qtrly Mcaid CMI w RUG Wght Options:					1.6430	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			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	\$2,714,012	\$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 Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 19,686 As Filed Days = 18,724	FY12 Audited C/R Days FY12 GL-PL Ins Rpt Days	19,686							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		1.2328								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.87								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.87	\$0.00	\$14.07	\$15.62		\$23.39	\$4.05	\$5.52	\$0.89
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$121.32	\$55.87	\$0.00	\$14.07	\$15.62		\$20.56	\$4.05	10.26 (FRV)	\$0.89
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage =	Ln 14 x Grwth Allwnc %	\$14.19	\$7.47	\$0.00	\$1.88	\$2.09	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$135.51	\$63.34	\$0.00	\$15.95	\$17.71	\$0.00	\$23.31	\$4.05	\$10.26	\$0.89
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6430								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.07								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$176.24	\$104.07	\$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 ((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	\$1.04	\$1.04								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$2.08	\$2.08								
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	\$21.38	\$3.65	\$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	\$197.62	\$107.72	\$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	\$135.39									

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>10/1/2020</b>		Growth Allowance: <b>N/A</b>		<b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.3111</b>		<b>1.3111</b>	<b>1.3617</b>		
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.37</b>		Qtrly BIMS score: <b>37.5%</b>		<b>37.5%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.3550</b>		<b>1.3550</b>	<b>1.5138</b>		
				Qtrly Mcaid CMI w RUG Wght Options: <b>1.3785</b>		<b>3.37</b>	<b>3.0%</b>			<b>1.3785</b>	<b>1.5405</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	\$5,764,002	\$3,270,937	\$0	\$608,675	\$376,536	\$392,715	\$788,608	\$115,650	\$210,881	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$30,764)	(\$496)	\$0	\$0	\$0	\$0	(\$30,268)		(\$25,461)	\$25,461	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,733,238	\$3,270,441	\$0	\$608,675	\$376,536	\$392,715	\$758,340	\$115,650	\$185,420	\$25,461	
8	Total Nursing Facility Days As Filed Days = 42,350	FY12 Audited C/R Days	42,350										
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,048	FY 18 GL-PL Ins Rpt Days								40,048			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$135.53	\$77.22	\$0.00	\$14.37	\$18.16	(with L&H)	\$17.91	\$2.89	\$4.38	\$0.60	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3111									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.90									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$58.90	\$0.00	\$14.37	\$18.16		\$17.91	\$2.89	\$4.38	\$0.60	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$121.11	\$58.90	\$0.00	\$14.37	\$18.16		\$17.91	\$2.89	8.28	\$0.60	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14.61	\$7.87	\$0.00	\$1.92	\$2.43	\$0.00	\$2.39	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$135.72	\$66.77	\$0.00	\$16.29	\$20.59	\$0.00	\$20.30	\$2.89	\$8.28	\$0.60	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3785									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.04									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$160.99	\$92.04	\$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 - 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	\$2.30	\$2.30									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stng Add-on	\$2.76	\$2.76									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.69	\$5.59	\$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	\$184.68	\$97.63	\$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	\$125.69										

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: Bonterra Nursing Center</b> <b>Prvdr ID: 00140357A</b> Case Mix Per Diem Rate Effective Date: 10/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 06/30/20 Add-on Data and Percentages: Growth Allowance: N/A, 13.37% Qtrly BIMS score: 24.1%, 1.0% Nurse Hours per On-Site Day/Quality Incentive: 2.89, 2.0% Case Mix Index (CMI) Data: Base Period Overall CMI: 1.3678, 1.3617 Quarterly Medicaid CMI: 1.4186, 1.5138 Qtrly Mcaid CMI w RUG Wght Options: 1.4413, 1.5405												
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>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	\$6,749,521	\$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 Adjstmts	(\$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	38,644									
8	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 38,641								38,641		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$152.99	\$66.19	\$0.00	\$13.72	\$16.07	(with L&H)	\$21.97	\$3.93	\$28.92	\$2.19
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3678								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.39								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$48.39	\$0.00	\$13.72	\$16.07		\$21.97	\$3.93	\$28.92	\$2.19
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$114.12	\$48.39	\$0.00	\$13.72	\$16.07		\$20.56	\$3.93	9.26 (FRV)	\$2.19
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth 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		1.4413								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$79.07								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$151.53	\$79.07	\$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	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.79	\$0.79								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$1.58	\$1.58								
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	\$20.63	\$2.90	\$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	\$172.16	\$81.97	\$0.00	\$15.77	\$18.63	\$0.00	\$40.41	\$3.93	\$9.26	\$2.19
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$116.30									

Quarterly Case Mix Per Diem Calculation

Provider: Bostick Nursing Center Pvdr ID: 003192286A H/B ? : No			Add-on Data and Percentages Growth Allowance: BIMS: Nurse Hours per On-Site Day/Quality Incentive:			Facility Score N/A 25.3% 4.81	Add-on Percent 13.37% 1.0% 2.0%	Case Mix Index (CMI) Data Base Period Overall CMI: Quarterly Medicaid CMI: Qtrly Mcaid CMI w RUG Wght Options:			Facility Specific Use Stwd 1.3346 1.3575	State-wide 1.3617 1.5138 1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								\$ 42,226		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								11,249		
	Standard Per Diem (After CMA for Routine Svcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$20.20	\$2.95
	Allowed @ 95% of Std		\$150.04	\$67.93		\$17.49	\$21.94		\$19.53		\$20.20	\$2.95
	Growth Allowance 13.4%		\$16.97	\$9.08		\$2.34	\$2.93		\$2.61			
	CMA Allowed Per Diem (After Growth Allowance)		\$170.76	\$77.01		\$19.83	\$24.87		\$22.14	\$ 3.75	\$20.20	\$2.95
	Quarterly Facility Case Mix Index for Medicaid Residents			1.3575								
	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$104.54							(FRV Rate)	
	Quarterly Medicaid CMA Allowed Per Diem		\$198.29	\$104.54		\$19.83	\$24.87		\$22.14	\$3.75	\$20.20	\$2.95
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 1.0% x Routine Svcs)		\$1.05	\$1.05								
	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%		\$2.09	\$2.09								
	Nursing Home Provider Fee		\$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		\$20.24									
	Quarterly Case Mix Based Per Diem Rate		\$218.52	\$107.68		\$19.83	\$24.87		\$39.24	\$3.75	\$20.20	\$2.95
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$151.07										

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

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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>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.3764</b>					<b>1.3617</b>	<b>1.3617</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.34</b>		Qtrly BIMS score: <b>34.9%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.2883</b>					<b>1.5138</b>	<b>1.5405</b>
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.3071</b>					<b>1.3071</b>	<b>1.5405</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	\$4,599,980	\$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		1.3764								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$51.75								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOhr = Ln 9		\$51.75	\$0.00	\$13.15	\$14.94		\$15.94	\$2.94	\$11.72	\$0.75
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$109.03	\$51.75	\$0.00	\$13.15	\$14.94		\$15.94	\$2.94	9.56 (FRV)	\$0.75
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allownc %	\$12.81	\$6.92	\$0.00	\$1.76	\$2.00	\$0.00	\$2.13	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$121.84	\$58.67	\$0.00	\$14.91	\$16.94	\$0.00	\$18.07	\$2.94	\$9.56	\$0.75
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3071								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$76.69								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOhr = Ln 16	\$139.86	\$76.69	\$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 - 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	\$1.92	\$1.92								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.30	\$2.30								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.85	\$4.75	\$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	\$162.71	\$81.44	\$0.00	\$15.13	\$17.35	\$0.00	\$35.54	\$2.94	\$9.56	\$0.75
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$109.21									

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

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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>10/1/2020</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>06/30/20</b>		Qtrly BIMS score: <b>33.3%</b>		<b>33.3%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.6373</b>		<b>1.6373</b>	<b>1.5138</b>		
				Nurse Hours per On-Site Day/Quality Incentive: <b>3.67</b>		<b>3.67</b>	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.6655</b>		<b>1.6655</b>	<b>1.5405</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	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R - FY 2018 GL-PL Rpt	\$5,470,098	\$2,676,697	\$0	\$484,818	\$231,953	\$298,054	\$1,064,058	\$8,255	\$706,263	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$58,995)	(\$449)	\$0	\$0	\$0	\$0	(\$56,373)		(\$45,153)	\$42,980	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,411,103	\$2,676,248	\$0	\$484,818	\$231,953	\$298,054	\$1,007,685	\$8,255	\$661,110	\$42,980	
8	Total Nursing Facility Days	As Filed Days = 34,595											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 32,839								32,839			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$156.42	\$77.36	\$0.00	\$14.01	\$15.32	(with L&H)	\$29.13	\$0.25	\$19.11	\$1.24	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.3878</u>									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.74									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.74	\$0.00	\$14.01	\$15.32		\$29.13	\$0.25	\$19.11	\$1.24	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$119.51	\$55.74	\$0.00	\$14.01	\$15.32		\$20.56	\$0.25	12.39	\$1.24	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allownc %	\$14.12	\$7.45	\$0.00	\$1.87	\$2.05	\$0.00	\$2.75	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$133.63	\$63.19	\$0.00	\$15.88	\$17.37	\$0.00	\$23.31	\$0.25	\$12.39	\$1.24	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.6655</u>									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.24									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$175.68	\$105.24	\$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 - 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 = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.63	\$2.63									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Sftng Add-on	\$3.16	\$3.16									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.05	\$6.32	\$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	\$199.73	\$111.56	\$0.00	\$16.10	\$17.78	\$0.00	\$40.41	\$0.25	\$12.39	\$1.24	
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: Briarwood Health & Rehab Center		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: 00706813A		Case Mix Per Diem Rate Effective Date: 10/1/2020		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.6087					1.6087	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20		Nurse Hours per On-Site Day/Quality Incentive: 3.99		Qtrly BIMS score: 49.2%	5.5%	Quarterly Medicaid CMI: 1.8482					1.8482	1.5138
					2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.8830					1.8830	1.5405
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	\$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										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed 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 =	Ln 14 x Grwth 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		1.8830								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$128.82								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$197.82	\$128.82	\$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 ((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	\$7.09	\$7.09								
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	\$27.93	\$10.20	\$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	\$225.75	\$139.02	\$0.00	\$17.67	\$15.06	\$0.00	\$40.41	\$0.13	\$10.91	\$2.55
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$156.49									

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>10/1/2020</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>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>5.09</b>		Qtrly BIMS score: <b>26.3%</b>		<b>26.3%</b>	<b>1.0%</b>	Quarterly Medicaid CMI: <b>1.6959</b>		<b>1.6959</b>	<b>1.5138</b>		
				Qtrly Mcaid CMI w RUG Wght Options: <b>1.7282</b>		<b>5.09</b>	<b>3.0%</b>			<b>1.7282</b>	<b>1.5405</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	\$8,813,583	\$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 Adjstmnts	(\$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		1.2636									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.26									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$73.26	\$0.00	\$23.28	\$26.53		\$18.94	\$2.05	\$16.83	\$1.84	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$154.84	\$71.51	\$0.00	\$18.41	\$23.09		\$18.94	\$2.05	19.00 (FRV)	\$1.84	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$17.64	\$9.56	\$0.00	\$2.46	\$3.09	\$0.00	\$2.53	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$172.48	\$81.07	\$0.00	\$20.87	\$26.18	\$0.00	\$21.47	\$2.05	\$19.00	\$1.84	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7282									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$140.11									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$231.52	\$140.11	\$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 - Alwd) 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	\$1.40	\$1.40									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$4.20	\$4.20									
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	\$23.07	\$5.60	\$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	\$254.59	\$145.71	\$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	\$178.12										

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>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: <b>00059562A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.3805</b>					<b>1.3805</b>	<b>1.4014</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.32</b>		Qtrly BIMS score: <b>31.1%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.3873</b>					<b>1.3873</b>	<b>1.5138</b>
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.4120</b>					<b>1.4120</b>	<b>1.5405</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		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> <i>All Facilities All Bed Sizes</i>	<b>1</b> <i>All Facilities All Bed Sizes</i>	<b>1</b> <i>Hosp Based All Bed Sizes</i>	<b>1</b> <i>All Facilities All Bed Sizes</i>	<b>1</b> <i>All Facilities All Bed Sizes</i>	<b>1</b> <i>All Facilities 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 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	37,086									
9	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 38,079								38,079		
10	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
11	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		<u>1.3805</u>								
12	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.25								
13	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
14	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	
15	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>												
16	Growth Allowance Percentage =	Ln 14 x Grwth Allownc %	\$15.65	\$8.06	\$0.00	\$2.24	\$2.56	\$0.00	\$2.79	N/A	N/A	N/A
17	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
18	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.4120</u>								
19	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.45								
20	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$182.38	\$96.45	\$0.00	\$18.97	\$21.68	\$0.00	\$23.68	\$3.61	\$17.59	\$0.40
<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	\$2.41	\$2.41								
23	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stng Add-on	\$2.89	\$2.89								
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	\$23.93	\$5.83	\$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	\$206.31	\$102.28	\$0.00	\$19.19	\$22.09	\$0.00	\$41.15	\$3.61	\$17.59	\$0.40
27	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$141.91									

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> <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	\$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	FY12 Audited C/R Days	22,287									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,285	FY 18 GL-PL Ins Rpt Days								21,285		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$123.59	\$56.91	\$0.00	\$12.13	\$14.79	(with L&H)	\$23.96	\$0.62	\$14.26	\$0.92
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		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 = 13.37%	Ln 14 x Grwth Alwnc %	\$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		1.6597								
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	\$140.02	\$73.66	\$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 ((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 = 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 = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.47	\$1.47								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.47	\$2.74	\$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	\$160.49	\$76.40	\$0.00	\$13.97	\$17.18	\$0.00	\$40.41	\$0.62	\$10.99	\$0.92
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$107.54									

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
Prvdr ID: <b>00715569A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</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>06/30/20</b>		Qtrly BIMS score: <b>46.9%</b>	<b>5.5%</b>	Quarterly Medicaid CMI: <b>1.6902</b>					<b>1.5138</b>	
				Nurse Hours per On-Site Day/Quality Incentive: <b>4.14</b>	<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.7236</b>					<b>1.5405</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 Adjstmnts	(\$117,398)	\$7,257	\$0	\$0	\$0	\$0	(\$114,275)		(\$63,432)	\$53,052
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,651,223	\$2,543,875	\$0	\$662,379	\$367,456	\$294,923	\$473,629	\$126,970	\$128,939	\$53,052
8	Total Nursing Facility Days	As Filed Days = 35,129										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 33,801								33,801		
9	Net Per Diems prior to Case Mix Adjstmnt 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 Adjstmnt 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	\$1.51
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$14.04	\$7.26	\$0.00	\$2.46	\$2.52	\$0.00	\$1.80	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$137.39	\$61.56	\$0.00	\$20.87	\$21.38	\$0.00	\$15.28	\$3.76	\$13.03	\$1.51
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.7236</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.10								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.93	\$106.10	\$0.00	\$20.87	\$21.38	\$0.00	\$15.28	\$3.76	\$13.03	\$1.51
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - 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>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.84	\$5.84								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.12	\$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	\$26.37	\$8.49	\$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	\$208.30	\$114.59	\$0.00	\$20.87	\$21.79	\$0.00	\$32.76	\$3.76	\$13.03	\$1.51
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$143.40									

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>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.1714</b>				<b>1.3617</b>	<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>2.64</b>		Qtrly BIMS score: <b>28.8%</b>	<b>1.0%</b>	Quarterly Medicaid CMI: <b>1.4811</b>				<b>1.5138</b>	<b>1.5138</b>	
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.5076</b>				<b>1.5076</b>	<b>1.5405</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	\$3,112,453	\$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	26,257									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 25,472								25,472		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$110.59	\$64.97	\$0.00	\$14.04	\$16.45	(with L&H)	\$12.70	\$1.15	\$0.59	\$0.69
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.1714</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.46								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.46	\$0.00	\$14.04	\$16.45		\$12.70	\$1.15	\$0.59	\$0.69
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$108.13	\$55.46	\$0.00	\$14.04	\$16.45		\$12.70	\$1.15	7.64 (FRV)	\$0.69
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.37%</u>	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		<u>1.5076</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.80								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$153.25	\$94.80	\$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 (IStd - Awdj x .75, 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	\$0.95	\$0.95								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$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	\$22.42	\$4.32	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$175.67</b>	<b>\$99.12</b>	<b>\$0.00</b>	<b>\$16.14</b>	<b>\$19.06</b>	<b>\$0.00</b>	<b>\$31.87</b>	<b>\$1.15</b>	<b>\$7.64</b>	<b>\$0.69</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$118.93</b>									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Budd Terrace At Wesley Woods Prvdr ID: 003167547A H/B ? : No	Case Mix Per Diem Rate Effective Date: 10/01/20 MDS & Nurse Hrs Data per Quarter Ending: 06/30/20	<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: 28.0% Nurse Hours per On-Site Day/Quality Incentive: 9.74	Facility Score: N/A Add-on Percent: 13.37% 1.0% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: Quarterly Medicaid CMI: Qtrly Mcaid CMI w RUG Wght Options:	Facility Specific Use Stwd: 1.3617 1.2969 1.3167	State-wide: 1.3617 1.5138 1.5405
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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>												
	<b>Cost Center Peer Groups per Selected Options</b>			1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Per Diem Costs and Add-ons</b>											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								\$167,948.00		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								64,706		
	Standard Per Diem (After CMA for Routine Svcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$36.35	\$2.40
	<u>Allowed @ 90% of Std</u>		\$158.96	\$64.36		\$16.57	\$20.78		\$18.50		\$36.35	\$2.40
	Growth Allowance 13.37%		\$16.07	\$8.60		\$2.22	\$2.78		\$2.47			
	CMA Allowed Per Diem (After Growth Allowance)		\$155.22	\$72.96		\$18.79	\$23.56		\$20.97	\$ 2.60	13.94	\$2.40
	Quarterly Facility Case Mix Index for Medicaid Residents			<u>1.3167</u>							(FRV Rate)	
	Qrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$96.07								
	Quarterly Medicaid CMA Allowed Per Diem		\$178.33	\$96.07		\$18.79	\$23.56		\$20.97	\$2.60	\$13.94	\$2.40
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 1.0% to Routine Svcs)		\$0.96	\$0.96								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$2.88	\$2.88								
	Nursing Home Provider Fee		\$17.10						17.1			
	<b>Total Quarterly Per Diem Add-On Amounts</b>		\$20.94									
	<b>Quarterly Case Mix Based Per Diem Rate</b>		\$199.27	\$99.92		\$18.79	\$23.56		\$38.07	\$2.60	\$13.94	\$2.40
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%		\$136.63									

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>10/1/2020</b>	Growth Allowance: <b>N/A</b>		<b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.3183</b>				<b>1.3617</b>	<b>1.3617</b>	
	MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>	Qtrly BIMS score: <b>34.4%</b>		<b>34.4%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.6328</b>				<b>1.5138</b>	<b>1.5138</b>	
		Nurse Hours per On-Site Day/Quality Incentive: <b>3.32</b>		<b>3.32</b>	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.6644</b>				<b>1.6644</b>	<b>1.5405</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	\$4,448,586	\$2,214,000	\$0	\$504,885	\$287,774	\$342,274	\$718,410	\$109,590	\$271,653	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$175,369)	(\$308)	\$0	\$2,259	\$0	(\$7,447)	(\$171,454)		(\$18,195)	\$19,776
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,273,217	\$2,213,692	\$0	\$507,144	\$287,774	\$334,827	\$546,956	\$109,590	\$253,458	\$19,776
8	Total Nursing Facility Days As Filed Days = 34,715	FY12 Audited C/R Days	34,715									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,375	FY 18 GL-PL Ins Rpt 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		1.3183								
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 = 13.37%	Ln 14 x Grwth Allwnc %	\$12.93	\$6.47	\$0.00	\$1.95	\$2.40	\$0.00	\$2.11	N/A	N/A	N/A
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		1.6644								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.28								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$157.78	\$91.28	\$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 ((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	\$2.28	\$2.28								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.74	\$2.74								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.65	\$5.55	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$181.43</b>	<b>\$96.83</b>	<b>\$0.00</b>	<b>\$16.78</b>	<b>\$20.74</b>	<b>\$0.00</b>	<b>\$35.34</b>	<b>\$3.73</b>	<b>\$7.44</b>	<b>\$0.57</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$123.25</b>									

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

FINAL

Provider: Calhoun Nursing Home		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: 00140478A		Case Mix Per Diem Rate Effective Date: 10/1/2020		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.2873					1.2873	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20		Nurse Hours per On-Site Day/Quality Incentive: 4.96		Qtrly BIMS score: 47.8%	5.5%	Quarterly Medicaid CMI: 1.8276					1.8276	1.5138
					3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.8629					1.8629	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility 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 Adjstmts	(\$30,402)	\$171,759	\$0	\$38,558	(\$3,482)	\$5,216	(\$233,627)		(\$17,027)	\$8,201
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,547,506	\$1,163,991	\$0	\$397,998	\$236,026	\$164,234	\$451,954	\$90,750	\$34,352	\$8,201
8	Total Nursing Facility Days	As Filed Days = 17,931	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		1.8629								
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	\$199.08	\$106.50	\$0.00	\$25.17	\$25.30	\$0.00	\$23.31	\$4.20	\$14.14	\$0.46
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem (Std - Act) 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	\$5.86	\$5.86								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	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	\$27.32	\$9.59	\$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	\$226.40	\$116.09	\$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	\$156.98									

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

FINAL

Provider: <b>Camellia Gardens of Life Care</b> Prvdr ID: <b>00366341A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b> MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</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:			1.3243	1.3617	
				Qtrly BIMS score	31.3%	2.5%	Quarterly Medicaid CMI:			1.3332	1.5138	
				Nurse Hours per On-Site Day/Quality Incentive:	4.33	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3517	1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,880,021	\$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	27,555									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 27,513									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 =	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		1.3517								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$84.25								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$157.09	\$84.25	\$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 - 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	\$2.11	\$2.11								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$1.69	\$1.69								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.06	\$4.33	\$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	\$179.15	\$88.58	\$0.00	\$19.42	\$19.26	\$0.00	\$40.41	\$2.31	\$8.09	\$1.08
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$121.54									

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>10/1/2020</b>		Growth Allowance: <b>N/A</b>		<b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.3516</b>		<b>1.3516</b>	<b>1.3617</b>		
		MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Qtrly BIMS score: <b>55.1%</b>		<b>55.1%</b>	<b>5.5%</b>	Quarterly Medicaid CMI: <b>1.5212</b>		<b>1.5212</b>	<b>1.5138</b>		
				Nurse Hours per On-Site Day/Quality Incentive: <b>3.60</b>		<b>3.60</b>	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.5469</b>		<b>1.5469</b>	<b>1.5405</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>												
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,026,940	\$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											
8	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 23,848											
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$134.57	\$71.77	\$0.00	\$15.47	\$17.84	(with L&H)	\$18.13	\$4.21	\$6.33	\$0.82	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		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 (FRV)	\$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				1.5469							
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.12									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$165.09	\$93.12	\$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	\$5.12	\$5.12									
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Slfng Add-on	\$2.79	\$2.79									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.54	\$8.44	\$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	\$191.63	\$101.56	\$0.00	\$17.76	\$20.64	\$0.00	\$38.02	\$4.21	\$8.62	\$0.82	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$130.90										

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>10/1/2020</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>06/30/20</b>		Qtrly BIMS score: <b>0.0%</b>		<b>0.0%</b>	<b>0.0%</b>	Quarterly Medicaid CMI: <b>2.3160</b>				<b>1.5138</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>2.3620</b>				<b>1.5405</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	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 Adjstrmts	(\$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										
9	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		2.3620									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$191.49									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$291.78	\$191.49	\$0.00	\$23.07	\$26.18	\$0.00	\$23.31	\$2.59	\$23.42	\$1.72	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((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 = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$0.00	\$0.00									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.32	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$309.10</b>	<b>\$191.49</b>	<b>\$0.00</b>	<b>\$23.29</b>	<b>\$26.18</b>	<b>\$0.00</b>	<b>\$40.41</b>	<b>\$2.59</b>	<b>\$23.42</b>	<b>\$1.72</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$219.00</b>										

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>10/1/2020</b>		Growth Allowance: <b>N/A</b>		<b>13.37%</b>	Base Period Overall CMI: <b>1.3680</b>				<b>1.3617</b>		
		MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Qtrly BIMS score: <b>68.0%</b>		<b>5.5%</b>	Quarterly Medicaid CMI: <b>1.2210</b>				<b>1.5138</b>		
				Nurse Hours per On-Site Day/Quality Incentive: <b>3.52</b>		<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.2363</b>				<b>1.5405</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	FY12 Audited C/R Days	33,792										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,521	FY 18 GL-PL Ins Rpt Days								30,521			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$144.45	\$74.81	\$0.00	\$17.51	\$23.82	(with L&H)	\$20.59	\$3.34	\$3.29	\$1.09	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3680									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.68									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$54.68	\$0.00	\$17.51	\$23.82		\$20.59	\$3.34	\$3.29	\$1.09	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$130.83	\$54.68	\$0.00	\$17.51	\$23.09		\$20.56	\$3.34	10.56 (FRV)	\$1.09	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$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		1.2363									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$76.64									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$160.97	\$76.64	\$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 ((SInd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.22	\$4.22									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.30	\$2.30									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.37	\$7.05	\$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	\$185.34	\$83.69	\$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	\$126.18										

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>10/1/2020</b>		Growth Allowance: <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>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.82</b>		Qtrly BIMS score: <b>38.8%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.5271</b>					<b>1.5271</b>	<b>1.5138</b>
					<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.5539</b>					<b>1.5539</b>	<b>1.5405</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>	(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	\$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	35,484									
8	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 34,047								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 =	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		1.5539								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.39								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$159.67	\$88.39	\$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 - 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	\$2.21	\$2.21								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Slng 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	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$182.28	\$92.90	\$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	\$123.89									

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 & Houskng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance		
			a	b	c	d	e	f	g	h	i	
<b>Provider: Carrollton Nursing and Rehab Center</b> <b>Prvdr ID: 00059661A</b> Case Mix Per Diem Rate Effective Date: 10/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 06/30/20												
			Growth Allowance: N/A Qtrly BIMS score: 29.6% Nurse Hours per On-Site Day/Quality Incentive: 3.33				Facility Score: Add-on Percent: 13.37% 1.0% 2.0%				Base Period Overall CMI: 1.3832 Quarterly Medicaid CMI: 1.5243 Qtrly Mcaid CMI w RUG Wght Options: 1.5509 1.5405	
<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)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY 14 C/R - FY 18 GL-PL Rpt	\$3,865,790	\$2,102,841	\$0	\$345,554	\$166,115	\$156,223	\$579,814	\$14,319	\$500,924	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY14 C/R Audit Adjstmnts	(\$25,017)	\$5,938	\$0	\$0	(\$3,597)	(\$1,986)	(\$14,530)		(\$26,320)	\$15,478
7	Cost Center Costs After Audit Adjustments	FY14 Audited C/R	\$3,840,773	\$2,108,779	\$0	\$345,554	\$162,518	\$154,237	\$565,284	\$14,319	\$474,604	\$15,478
8	Total Nursing Facility Days	As Filed Days = 21,792	21,792									
9	Total Nursing Facility Days	As Filed Days = 21,792										
9	Total Nursing Facility Days	FY 18 GL-PL Ins Rpt Days								40,303		
9	Net Per Diems prior to Case Mix Adjstrmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$175.96	\$96.77	\$0.00	\$15.86	\$14.54	(with L&F)	\$25.94	\$0.36	\$21.78	\$0.71
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.3832								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.96								
12	Net Per Diems after Case Mix Adjstrmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$69.96	\$0.00	\$15.86	\$14.54		\$25.94	\$0.36	\$21.78	\$0.71
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.31	\$0.00	\$19.52	\$23.55		\$24.02	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$133.45	\$69.96	\$0.00	\$15.86	\$14.54		\$24.02	\$0.36	8.00	\$0.71
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage =	Ln 14 x Grwth Allwnc %	\$16.62	\$9.35	\$0.00	\$2.12	\$1.94	\$0.00	\$3.21	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$150.07	\$79.31	\$0.00	\$17.98	\$16.48	\$0.00	\$27.23	\$0.36	\$8.00	\$0.71
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5509								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$123.00								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193.76	\$123.00	\$0.00	\$17.98	\$16.48	\$0.00	\$27.23	\$0.36	\$8.00	\$0.71
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem (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	
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 Sifng Add-on	\$2.46	\$2.46								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.95	\$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	\$215.71	\$127.22	\$0.00	\$18.20	\$16.89	\$0.00	\$44.33	\$0.36	\$8.00	\$0.71
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$148.96									

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>10/1/2020</b>		Growth Allowance: <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>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.68</b>		Qtrly BIMS score: <b>24.1%</b>	<b>1.0%</b>	Quarterly Medicaid CMI: <b>1.5703</b>					<b>1.5703</b>	<b>1.5138</b>
					<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.5983</b>					<b>1.5983</b>	<b>1.5405</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	\$5,797,818	\$2,723,918	\$0	\$556,988	\$201,428	\$349,287	\$1,192,274	\$89,044	\$684,879	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$446,219)	(\$167,884)	\$0	(\$8,600)	\$21,477	(\$43,246)	(\$248,121)		(\$29,349)	\$29,504
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,351,599	\$2,556,034	\$0	\$548,388	\$222,905	\$306,041	\$944,153	\$89,044	\$655,530	\$29,504
8	Total Nursing Facility Days As Filed Days = 40,662	FY12 Audited C/R Days	40,662									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,774	FY 18 GL-PL Ins Rpt Days								41,774		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$131.56	\$62.86	\$0.00	\$13.49	\$13.01	(with L&H)	\$23.22	\$2.13	\$16.12	\$0.73
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.5517</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$40.51								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$40.51	\$0.00	\$13.49	\$13.01		\$23.22	\$2.13	\$16.12	\$0.73
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$102.68	\$40.51	\$0.00	\$13.49	\$13.01		\$20.56	\$2.13	12.25 (FRV)	\$0.73
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$11.71	\$5.42	\$0.00	\$1.80	\$1.74	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$114.39	\$45.93	\$0.00	\$15.29	\$14.75	\$0.00	\$23.31	\$2.13	\$12.25	\$0.73
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End							<u>1.5983</u>			
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$73.41								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$141.87	\$73.41	\$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 ([Snd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.73	\$0.73								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.47	\$1.47								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.46	\$2.73	\$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	\$162.33	\$76.14	\$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	\$108.92									

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: 10/1/2020		Growth Allowance: N/A		N/A	13.37%	Base Period Overall CMI: 1.5659		1.3617			
		MDS & Nurse Hrs Data per Quarter Ending: 06/30/20		Qtrly BIMS score: 22.4%		22.4%	1.0%	Quarterly Medicaid CMI: 1.6801		1.5138			
				Nurse Hours per On-Site Day/Quality Incentive: 8.83		8.83	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.7132		1.5405			
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> Type of Facility 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	\$4,111,747	\$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 Adjstmts	(\$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		32,082									
8	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 24,152								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		
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 =	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		1.7132									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.10									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$159.60	\$90.10	\$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 - 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	\$0.90	\$0.90									
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$2.70	\$2.70									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.23	\$4.13	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$181.83	\$94.23	\$0.00	\$16.33	\$21.70	\$0.00	\$35.05	\$5.65	\$8.17	\$0.70	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$123.55										

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

FINAL

Provider: Cedar Valley 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: 00142557A	Case Mix Per Diem Rate Effective Date: 10/1/2020	Growth Allowance: N/A		29.4%	13.37%	Base Period Overall CMI: 1.4235					1.4235	1.4014
	MDS & Nurse Hrs Data per Quarter Ending: 06/30/20	Qtrly BIMS score: 3.42		1.0%	3.0%	Quarterly Medicaid CMI: 1.5989					1.5989	1.5138
		Nurse Hours per On-Site Day/Quality Incentive:		3.42	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6279					1.6279	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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 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	\$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 Adjstmts	\$16,961	\$0	\$0	\$0	\$1,494	(\$819)	\$12,568		(\$10,759)	\$14,477
7	Cost Center Costs After Audit Adjustments	FY14 Audited C/R	\$2,235,493	\$1,082,784	\$0	\$196,985	\$118,415	\$108,900	\$416,459	\$9,005	\$288,468	\$14,477
8	Total Nursing Facility Days As Filed Days = 13,755	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		1.6279								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.05								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.77	\$102.05	\$0.00	\$16.23	\$18.74	\$0.00	\$27.23	\$0.31	\$9.16	\$1.05
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([(SInd - 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	\$1.02	\$1.02								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.06	\$3.06								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.34	\$4.61	\$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	\$197.11	\$106.66	\$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	\$135.01									

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>10/1/2020</b>		Growth Allowance: <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>06/30/20</b>		Qtrly BIMS score: <b>23.6%</b>	<b>1.0%</b>	Quarterly Medicaid CMI: <b>1.1768</b>					<b>1.1768</b>	<b>1.5138</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>1.1923</b>					<b>1.1923</b>	<b>1.5405</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 Adjstmnts	(\$18,406)	\$0	\$0	(\$1,462)	\$0	\$0	(\$18,406)		(\$21,592)	\$23,054
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,371,424	\$2,274,044	\$0	\$394,152	\$242,480	\$328,747	\$552,273	\$95,889	\$460,785	\$23,054
8	Total Nursing Facility Days As Filed Days = 28,038	FY12 Audited C/R Days	28,038									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,415	FY 18 GL-PL Ins Rpt Days								33,415		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$155.36	\$81.11	\$0.00	\$14.06	\$20.37	(with L&H)	\$19.70	\$2.87	\$16.43	\$0.82
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3992								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.97								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$57.97	\$0.00	\$14.06	\$20.37		\$19.70	\$2.87	\$16.43	\$0.82
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.22	\$57.97	\$0.00	\$14.06	\$20.37		\$19.70	\$2.87	10.43 (FRV)	\$0.82
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth 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		1.1923								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$78.36								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$153.84	\$78.36	\$0.00	\$15.94	\$23.09	\$0.00	\$22.33	\$2.87	\$10.43	\$0.82
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Sind - 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	\$0.78	\$0.78								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.57	\$1.57								
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	\$20.98	\$2.88	\$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	\$174.82	\$81.24	\$0.00	\$16.16	\$23.50	\$0.00	\$39.80	\$2.87	\$10.43	\$0.82
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$118.29									

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
Prvdr ID: <b>00209778A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: <b>N/A</b>		<b>13.37%</b>	Base Period Overall CMI: <b>1.2919</b>				<b>1.3617</b>		
		MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Qtrly BIMS score: <b>41.0%</b>		<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.7035</b>				<b>1.5138</b>		
				Nurse Hours per On-Site Day/Quality Incentive: <b>3.09</b>		<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.7374</b>				<b>1.5405</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 Adjstmts	(\$202,818)	(\$5,597)	\$0	\$0	\$0	\$0	(\$197,221)		(\$51,788)	\$51,788	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,639,494	\$2,476,261	\$0	\$519,904	\$333,861	\$326,302	\$631,924	\$131,033	\$168,421	\$51,788	
8	Total Nursing Facility Days As Filed Days = 34,749	FY12 Audited C/R Days	34,749										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,941	FY 18 GL-PL Ins Rpt Days								39,941			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$133.03	\$71.26	\$0.00	\$14.96	\$19.00	(with L&H)	\$18.19	\$3.28	\$4.85	\$1.49	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2919									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.16									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.16	\$0.00	\$14.96	\$19.00		\$18.19	\$3.28	\$4.85	\$1.49	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$120.74	\$55.16	\$0.00	\$14.96	\$19.00		\$18.19	\$3.28	8.66 (FRV)	\$1.49	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth 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		1.7374									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.64									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.19	\$108.64	\$0.00	\$16.96	\$21.54	\$0.00	\$20.62	\$3.28	\$8.66	\$1.49	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.72	\$2.72									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.17	\$2.17									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.52	\$5.42	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$204.71	\$114.06	\$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	\$140.71										

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>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.2895</b>					<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.42</b>		Qtrly BIMS score: <b>26.5%</b>	<b>1.0%</b>	Quarterly Medicaid CMI: <b>1.6139</b>					<b>1.5138</b>	
					<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.6441</b>					<b>1.5405</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 Adjstmts	(\$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									
9	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	
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 Allwnc %	\$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		1.6441								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$124.61								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$210.75	\$124.61	\$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 ([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 = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.25	\$1.25								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Strng 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	\$21.96	\$4.27	\$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	\$232.71	\$128.88	\$0.00	\$31.16	\$26.18	\$0.00	\$34.29	\$2.07	\$10.13	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$161.71									

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>10/1/2020</b>		Growth Allowance: <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>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.43</b>		Qtrly BIMS score: <b>26.7%</b>	<b>1.0%</b>	Quarterly Medicaid CMI: <b>1.7643</b>				<b>1.7643</b>	<b>1.5138</b>	
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.7988</b>				<b>1.7988</b>	<b>1.5405</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	\$3,545,801	\$1,920,138	\$0	\$356,142	\$202,257	\$189,822	\$485,782	\$78,889	\$312,771	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$14,499)	\$0	\$0	(\$1,442)	\$0	\$0	(\$14,876)		(\$27,862)	\$29,681
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,531,302	\$1,920,138	\$0	\$354,700	\$202,257	\$189,822	\$470,906	\$78,889	\$284,909	\$29,681
8	Total Nursing Facility Days As Filed Days = 24,945	FY12 Audited C/R Days	24,945									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,659	FY 18 GL-PL Ins Rpt Days								25,659		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$141.47	\$76.97	\$0.00	\$14.22	\$15.72	(with L&H)	\$18.88	\$3.07	\$11.42	\$1.19
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.2276</u>								
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	\$1.19
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$14.90	\$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		<u>1.7988</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$127.86								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$197.65	\$127.86	\$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 (IStnd - 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>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 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	\$23.75	\$5.65	\$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	\$221.40	\$133.51	\$0.00	\$16.34	\$18.23	\$0.00	\$38.87	\$3.07	\$10.19	\$1.19
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$153.23									

Quarterly Case Mix Per Diem Calculation

Provider: Chelsey Park H&R Prvdr ID: 003165720A H/B ? : No		Add-on Data and Percentages Growth Allowance: BIMS: Nurse Hours per On-Site Day/Quality Incentive:			Facility Score N/A 13.6%	Add-on Percent 13.37% 0.0%	Case Mix Index (CMI) Data Base Period Overall CMI: Quarterly Medicaid CMI: Qtrly Mcaid CMI w RUG Wght Options:			Facility Specific Use Stwd 1.5247 1.5512	State-wide 1.3617 1.5138 1.5405	
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>												
	<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								\$ 56,831		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								19,081		
	Standard Per Diem (After CMA for Routine Srvc)	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			1.5512							(FRV Rate)	
	Qrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem			\$119.46								
	Quarterly Medicaid CMA Allowed Per Diem		\$230.86	\$119.46		\$19.83	\$24.87		\$22.14	\$2.98	\$37.58	\$4.00
	<b>Quarterly Per Diem Add-On Amounts</b>											
	BIMS Add-on Per Diem = 0.0% (o Routine Srvc)		\$0.00	\$0.00								
	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>		\$20.68									
	<b>Quarterly Case Mix Based Per Diem Rate</b>		\$251.55	\$123.05		\$19.83	\$24.87		\$39.24	\$2.98	\$37.58	\$4.00
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$175.84										

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>10/1/2020</b>	Growth Allowance: <b>N/A</b>		<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>06/30/20</b>	Qtrly BIMS score: <b>19.6%</b>		<b>19.6%</b>	<b>0.0%</b>	Quarterly Medicaid CMI: <b>1.6244</b>					<b>1.5138</b>	
		Nurse Hours per On-Site Day/Quality Incentive: <b>2.66</b>		<b>2.66</b>	<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.6540</b>					<b>1.5405</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 Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities All Bed Sizes</i>	<b>1</b> <i>All Facilities All Bed Sizes</i>	<b>2</b> <i>Free Standing All Bed Sizes</i>	<b>1</b> <i>All Facilities All Bed Sizes</i>	<b>1</b> <i>All Facilities All Bed Sizes</i>	<b>1</b> <i>All Facilities All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY 14 C/R - FY 18 GL-PL Rpt	\$3,944,910	\$2,188,570	\$0	\$329,394	\$146,352	\$174,816	\$645,490	\$13,508	\$446,780	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY14 C/R Audit Adjstmnts	(\$6,405)	(\$16,418)	\$0	\$0	\$3,624	\$89	(\$7,428)		\$664	\$13,064
7	Cost Center Costs After Audit Adjustments	FY14 Audited C/R	\$3,938,505	\$2,172,152	\$0	\$329,394	\$149,976	\$174,905	\$638,062	\$13,508	\$447,444	\$13,064
8	Total Nursing Facility Days As Filed Days = 24,050	FY14 Audited C/R Days	24,050									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 45,010	FY 18 GL-PL Ins Rpt Days								45,010		
10	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
11	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		<u>1.5075</u>								
12	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.91								
13	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
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	N/A	
15	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	\$0.54
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
16	Growth Allowance Percentage = <u>13.4%</u>	Ln 14 x Grwth Allwnc %	\$14.86	\$8.01	\$0.00	\$1.83	\$1.81	\$0.00	\$3.21	N/A	N/A	N/A
17	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
18	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.6540</u>								
19	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.34								
20	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.64	\$112.34	\$0.00	\$15.53	\$15.32	\$0.00	\$27.23	\$0.30	\$7.38	\$0.54
<b>Quarterly Per Diem Add-on Amounts</b>												
21	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
22	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
23	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.25	\$2.25								
24	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
25	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.51	\$2.78	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
26	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$199.15	\$115.12	\$0.00	\$15.75	\$15.73	\$0.00	\$44.33	\$0.30	\$7.38	\$0.54
27	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$136.54									

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
Prvdr ID: <b>00158034A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.4851</b>					<b>1.4851</b>	<b>1.3617</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>4.00</b>		Qtrly BIMS score: <b>36.5%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.5419</b>					<b>1.5419</b>	<b>1.5138</b>
					<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.5716</b>					<b>1.5716</b>	<b>1.5405</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>											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$12,651,901	\$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 Adjstmts	(\$274,623)	\$0	\$0	\$0	(\$11,663)	(\$6,489)	(\$248,291)		(\$43,344)	\$35,164
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$12,377,278	\$6,812,981	\$0	\$1,123,103	\$846,882	\$471,160	\$2,270,252	\$481,195	\$336,541	\$35,164
8	Total Nursing Facility Days As Filed Days = 70,236	FY12 Audited C/R Days	70,236									
8	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 68,828	FY 18 GL-PL Ins Rpt Days								68,828		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$176.36	\$97.00	\$0.00	\$15.99	\$18.77	(with L&H)	\$32.32	\$6.99	\$4.79	\$0.50
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4851								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.32								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$65.32	\$0.00	\$15.99	\$18.77		\$32.32	\$6.99	\$4.79	\$0.50
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$140.76	\$65.32	\$0.00	\$15.99	\$18.77		\$20.56	\$6.99	12.63 (FRV)	\$0.50
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$16.13	\$8.73	\$0.00	\$2.14	\$2.51	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$156.89	\$74.05	\$0.00	\$18.13	\$21.28	\$0.00	\$23.31	\$6.99	\$12.63	\$0.50
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5716								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.38								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$199.22	\$116.38	\$0.00	\$18.13	\$21.28	\$0.00	\$23.31	\$6.99	\$12.63	\$0.50
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - 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 = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.91	\$2.91								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.33	\$2.33								
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	\$6.40	\$5.77	\$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>\$205.62</b>	<b>\$122.15</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>\$154.22</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>10/1/2020</b>		Growth Allowance: <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>06/30/20</b>		Qtrly BIMS score: <b>31.3%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.9489</b>				<b>1.9489</b>	<b>1.5138</b>	
				Nurse Hours per On-Site Day/Quality Incentive: <b>12.93</b>	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.9861</b>				<b>1.9861</b>	<b>1.5405</b>	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,224,295	\$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 Adjstmts	(\$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		<u>1.2223</u>								
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 = <u>13.37%</u>	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		<u>1.9861</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$129.43								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$197.87	\$129.43	\$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 (IStand - 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	\$3.24	\$3.24								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$3.88	\$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	\$25.75	\$7.65	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$223.62	\$137.08	\$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	\$154.89									

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

FINAL

Provider: Church Home Rehab & Healthcare		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: 00140467A		Case Mix Per Diem Rate Effective Date: 10/1/2020		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.2835					1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20		Nurse Hours per On-Site Day/Quality Incentive: 4.36		Qtrly BIMS score: 24.1%	1.0%	Quarterly Medicaid CMI: 1.4410					1.5138	
					3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4671					1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility 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									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,255	FY 18 GL-PL Ins Rpt Days								26,255		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$138.27	\$78.74	\$0.00	\$15.34	\$17.33	(with L&H)	\$24.70	\$0.35	\$1.01	\$0.80
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2835								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.35								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$61.35	\$0.00	\$15.34	\$17.33		\$24.70	\$0.35	\$1.01	\$0.80
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$142.75	\$61.35	\$0.00	\$15.34	\$17.33		\$20.56	\$0.35	27.02 (FRV)	\$0.80
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$15.32	\$8.20	\$0.00	\$2.05	\$2.32	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$158.07	\$69.55	\$0.00	\$17.39	\$19.65	\$0.00	\$23.31	\$0.35	\$27.02	\$0.80
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4671								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.04								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$190.56	\$102.04	\$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 ((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	\$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 Stfng Add-on	\$3.06	\$3.06								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.34	\$4.61	\$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	\$212.90	\$106.65	\$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	\$146.85									

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:	Base Period Overall CMI:	Facility Specific	State-wide				
Provider: <b>Clinch Health Care</b> Prvdr ID: <b>00142106A</b>													Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 41.2% Nurse Hours per On-Site Day/Quality Incentive: 2.96	Add-on Percent 13.37% 2.5% 3.0%	Case Mix Index (CMI) Data Base Period Overall CMI: 1.3288 Quarterly Medicaid CMI: 1.5356 Qtrly Mcaid CMI w RUG Wght Options: 1.5636	Facility Specific 1.3288 1.5356 1.5636	State-wide 1.3617 1.5138 1.5405					
CASE MIX BASED RATE CALCULATIONS													a	b	c	d	e	f	g	g	h	i
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	\$2,938,880	\$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 Adjstmnts	(\$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	As Filed Days = 29,010	29,010																			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	FY 18 GL-PL Ins Rpt Days	\$101.32	\$50.35	\$0.00	\$10.92	\$13.86	(with L&H)	\$15.66	\$0.82	\$8.91	\$0.80										
10	Base Period Facility Case Mix Index for All Residents	Ln 7 / Ln 8 Col a		1.3288																		
11	Routine Svcs Case Mix Adjstid (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	N/A										
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$86.76	\$37.89	\$0.00	\$10.92	\$13.86		\$15.66	\$0.82	6.81	\$0.80										
	Quarterly Per Diem Rate Prior to Add-ons																					
15	Growth Allowance Percentage =	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		1.5636																		
18	Qtrly Routine Svcs Case Mix Adjstid (CMA) Net Per Diem	Ln 16 x Ln 17		\$67.17																		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$121.44	\$67.17	\$0.00	\$12.38	\$15.71	\$0.00	\$17.75	\$0.82	\$6.81	\$0.80										
	Quarterly Per Diem Add-on Amounts																					
20	Efficiency Add-on Per Diem (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	\$0.00										
21	BIMS Add-on Per Diem =	Ln 19 Col b x CPS Add-on	\$1.68	\$1.68																		
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$2.02	\$2.02																		
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	\$22.33	\$4.23	\$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	\$143.77	\$71.40	\$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	\$95.00																			
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>Provider: Coastal Manor</b> <b>Prvdr ID: 00856028A</b> Case Mix Per Diem Rate Effective Date: 10/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 06/30/20														
			Facility Score: N/A Growth Allowance: 13.37% Qtrly BIMS score: 38.6% Nurse Hours per On-Site Day/Quality Incentive: 4.29				Add-on Percent: 3.0%				Base Period Overall CMI: 1.3441 Quarterly Medicaid CMI: 1.5489 Qtrly Mcaid CMI w RUG Wght Options: 1.5784			
<b>CASE MIX BASED RATE CALCULATIONS</b>														
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group  Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes					
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
<b>Base Period Per Diem Allowed Amounts</b>														
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$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 Adjstmts	(\$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											
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 =	Ln 14 x Grwth Allownc %	\$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		1.5784										
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.82										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$217.63	\$118.82	\$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 - 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	\$2.97	\$2.97										
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Strng Add-on	\$3.56	\$3.56										
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10					
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.38	\$7.06	\$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	\$242.01	\$125.88	\$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	\$168.68											

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

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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
Prvdr ID: <b>00142711A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.4590</b>					<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.60</b>		Qtrly BIMS score: <b>25.7%</b>	<b>1.0%</b>	Quarterly Medicaid CMI: <b>1.3822</b>					<b>1.5138</b>	
						Qtrly Mcaid CMI w RUG Wght Options: <b>1.4072</b>					<b>1.5405</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)		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	\$3,715,072	\$1,561,328	\$0	\$321,006	\$288,241	\$230,071	\$858,311	\$6,221	\$448,894	\$0
6	Audit Adjustments and Realocations 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	20,374									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 19,878								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 <u>Case Mix Index</u> 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 Gwth 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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4072								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$83.67								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.32	\$83.67	\$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 (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	
21	BIMS Add-on Per Diem =	Ln 19 Col b x CPS Add-on	\$0.84	\$0.84								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	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	\$21.20	\$3.88	\$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	\$193.52	\$87.55	\$0.00	\$17.57	\$26.18	\$0.00	\$40.41	\$0.31	\$18.26	\$3.24
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$132.32									

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

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Provider: College Park Health Care Center		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: 00140654A		Case Mix Per Diem Rate Effective Date: 10/1/2020		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.2906					1.2906	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20		Nurse Hours per On-Site Day/Quality Incentive: 2.88		Qtrly BIMS score: 31.8%	2.5%	Quarterly Medicaid CMI: 1.4348					1.4348	1.5138
					2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4626					1.4626	1.5405
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	\$5,335,885	\$2,566,909	\$0	\$508,923	\$326,800	\$230,266	\$1,020,157	\$17,861	\$664,969	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$624,264)	(\$246,813)	\$0	(\$4,986)	\$9,885	\$834	(\$362,911)		(\$66,906)	\$46,633
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,711,621	\$2,320,096	\$0	\$503,937	\$336,685	\$231,100	\$657,246	\$17,861	\$598,063	\$46,633
8	Total Nursing Facility Days As Filed Days = 32,452	FY12 Audited C/R Days	32,452									
	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 = 13.37%	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		1.4626								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.85								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$161.94	\$91.85	\$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 (Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.39	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.23		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.30	\$2.30								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.84	\$1.84								
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	\$22.63	\$4.67	\$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	\$184.57	\$96.52	\$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	\$125.60									

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>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: <b>00220448A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.2625</b>					<b>1.4014</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.13</b>		Qtrly BIMS score: <b>46.1%</b>	<b>5.5%</b>	Quarterly Medicaid CMI: <b>1.4891</b>					<b>1.5138</b>	
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.5139</b>					<b>1.5405</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> 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	\$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 As Filed Days = 29,059	12/31/14 Audited C/R Days	29,059									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,270	FY 18 GL-PL Ins Rpt Days								38,270		
9	Net Per Diems prior to Case Mix 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		<u>1.2625</u>								
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 = <u>13.4%</u>	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		<u>1.5139</u>								
18	Qtrly Routine Svcs Case Mix Adjstid (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.97								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$179.00	\$106.97	\$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 ((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	\$5.88	\$5.88								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.21	\$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	\$27.72	\$9.62	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$206.72	\$116.59	\$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	\$142.22									

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>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.3067</b>					<b>1.3617</b>	<b>1.3617</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>2.78</b>		Qtrly BIMS score: <b>34.7%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.6297</b>					<b>1.5138</b>	<b>1.5138</b>
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.6512</b>					<b>1.5405</b>	<b>1.5405</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	FY12 Audited C/R Days	27,042									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,777	FY 18 GL-PL Ins Rpt Days								32,777		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$119.85	\$60.54	\$0.00	\$14.54	\$19.42	(with L&H)	\$13.33	\$2.80	\$7.56	\$1.66
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3067								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.33								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$46.33	\$0.00	\$14.54	\$19.42		\$13.33	\$2.80	\$7.56	\$1.66
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$106.38	\$46.33	\$0.00	\$14.54	\$19.42		\$13.33	\$2.80	8.30 (FRV)	\$1.66
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$12.51	\$6.19	\$0.00	\$1.94	\$2.60	\$0.00	\$1.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$118.89	\$52.52	\$0.00	\$16.48	\$22.02	\$0.00	\$15.11	\$2.80	\$8.30	\$1.66
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6612								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$87.25								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$153.62	\$87.25	\$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 ((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	\$2.18	\$2.18								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.62	\$2.62								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.43	\$5.33	\$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	\$177.05	\$92.58	\$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	\$119.96									

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

FINAL

Provider: <b>Cordele 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>00059892A</b>		Case Mix Per Diem Rate Effective Date: <b>10/01/20</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.1887</b>					<b>1.1887</b>	<b>1.3699</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>5.71</b>		Qtrly BIMS score: <b>36.4%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.7997</b>					<b>1.7997</b>	<b>1.5138</b>
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.8340</b>					<b>1.8340</b>	<b>1.5405</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	\$2,013,144	\$955,965	\$0	\$246,731	\$110,011	\$70,025	\$347,784	\$77,633	\$204,995	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	(\$36,822)	\$0	\$0	\$0	\$343	\$218	(\$37,974)		(\$14,476)	\$15,067
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$1,976,322	\$955,965	\$0	\$246,731	\$110,354	\$70,243	\$309,810	\$77,633	\$190,519	\$15,067
8	Total Nursing Facility Days As Filed Days = 11,808	FY13 Audited C/R Days	11,808									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,836	FY 18 GL-PL Ins Rpt Days								23,836		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$164.06	\$80.96	\$0.00	\$20.90	\$15.29	(with L&H)	\$26.24	\$3.26	\$16.13	\$1.28
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		<b>1.1887</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.11								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$68.11	\$0.00	\$20.90	\$15.29		\$26.24	\$3.26	\$16.13	\$1.28
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.90	\$0.00	\$19.14	\$23.27		\$23.46	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$139.16	\$68.11	\$0.00	\$19.14	\$15.29		\$23.46	\$3.26	8.62 (FRV)	\$1.28
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.4%	Ln 14 x 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		<b>1.8340</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$141.62								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$220.41	\$141.62	\$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 ((Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.54	\$3.54								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$4.25	\$4.25								
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	\$25.83	\$8.32	\$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	\$246.24	\$149.94	\$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	\$171.86									

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

FINAL

Provider: <b>Countryside Health Center</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: <b>00141666A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.1147</b>					<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>2.82</b>		Qtrly BIMS score: <b>31.3%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.5709</b>					<b>1.5138</b>	
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.5990</b>					<b>1.5405</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	\$2,031,679	\$1,087,985	\$0	\$271,943	\$177,799	\$169,466	\$268,870	\$40,343	\$15,273	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$28,070)	(\$3,388)	\$0	\$0	\$0	(\$1,344)	(\$23,338)		(\$15,273)	\$15,273
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,003,609	\$1,084,597	\$0	\$271,943	\$177,799	\$168,122	\$245,532	\$40,343	\$0	\$15,273
8	Total Nursing Facility Days As Filed Days = 19,464	FY12 Audited C/R Days	19,464									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,564	FY 18 GL-PL Ins Rpt Days								19,564		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$102.91	\$55.72	\$0.00	\$13.97	\$17.77	(with L&H)	\$12.61	\$2.06	\$0.00	\$0.78
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1147								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.99								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$49.99	\$0.00	\$13.97	\$17.77		\$12.61	\$2.06	\$0.00	\$0.78
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$103.31	\$49.99	\$0.00	\$13.97	\$17.77		\$12.61	\$2.06	6.13 (FRV)	\$0.78
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Growth Allownc %	\$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		1.5990								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.62								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$149.88	\$90.62	\$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 (Stnd - Adjwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.27	\$2.27								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	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	\$23.62	\$5.52	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$173.50</b>	<b>\$96.14</b>	<b>\$0.00</b>	<b>\$16.06</b>	<b>\$20.56</b>	<b>\$0.00</b>	<b>\$31.77</b>	<b>\$2.06</b>	<b>\$6.13</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>\$117.30</b>									

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>10/1/2020</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>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.30</b>		Qtrly BIMS score: <b>44.8%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.7315</b>				<b>1.5138</b>		
					<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.7633</b>				<b>1.5405</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		h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>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 Adjstmnts	(\$265,777)	\$0	\$0	\$0	\$0	\$0	(\$265,777)		(\$24,077)	\$24,077
7	Cost Center Costs After Audit Adjustments	12/31/14 Audited C/R	\$3,169,396	\$1,731,823	\$0	\$252,767	\$176,345	\$179,943	\$454,615	\$11,958	\$337,868	\$24,077
8	Total Nursing Facility Days	As Filed Days = 17,788		17,788							30,726	
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 30,726										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$177.89	\$97.36	\$0.00	\$14.21	\$20.03	(with L&H)	\$25.56	\$0.39	\$18.99	\$1.35
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		<b>1.5027</b>								
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 = <b>13.4%</b>	Ln 14 x Grwth Allwnc %	\$16.45	\$8.66	\$0.00	\$1.90	\$2.68	\$0.00	\$3.21	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$150.16	\$73.45	\$0.00	\$16.11	\$22.71	\$0.00	\$27.23	\$0.39	\$8.92	\$1.35
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.7633</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$129.51								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$206.22	\$129.51	\$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 - Alwcd] 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	\$3.24	\$3.24								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <b>2.0%</b> (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$2.59	\$2.59								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.09	\$6.36	\$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	\$230.31	\$135.87	\$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	\$159.91									

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>10/1/2020</b>		Growth Allowance: <b>N/A</b>		<b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.1823</b>				<b>1.3617</b>	
		MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.25</b>		<b>32.3%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.3300</b>				<b>1.5138</b>	
						<b>3.25</b>	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.3509</b>				<b>1.5405</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	<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	\$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)	(\$610,637)	\$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		<b>1.1823</b>									
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 = <b>13.37%</b>	Ln 14 x Growth 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		<b>1.3509</b>									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.52									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$186.63	\$109.52	\$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 (Sind - 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 = <b>2.5%</b> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.74	\$2.74									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <b>3.0%</b> (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$3.29	\$3.29									
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	\$6.25	\$6.03	\$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	\$192.88	\$115.55	\$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	\$144.66										

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>10/1/2020</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>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>4.22</b>		Qtrly BIMS score: <b>57.8%</b>	<b>5.5%</b>	Quarterly Medicaid CMI: <b>1.8775</b>					<b>1.8775</b>	<b>1.5138</b>
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.9143</b>					<b>1.9143</b>	<b>1.5405</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 Adjmts	(\$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									
	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 Allownc %	\$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		1.9143								
18	Qtrly 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	\$215.86	\$130.46	\$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 ((Sind - Akbd) 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	\$7.18	\$7.18								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$3.91	\$3.91								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.94	\$11.62	\$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	\$244.80	\$142.08	\$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	\$170.78									

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

FINAL

Provider: <b>Cross View 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>00142502A</b>		Case Mix Per Diem Rate Effective Date: <b>10/01/20</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.1512</b>					<b>1.1512</b>	<b>1.3699</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>2.50</b>		Qtrly BIMS score: <b>26.9%</b>	<b>1.0%</b>	Quarterly Medicaid CMI: <b>1.4065</b>					<b>1.4065</b>	<b>1.5138</b>
					<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.4298</b>					<b>1.4298</b>	<b>1.5405</b>
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY13 C/R	\$1,899,677	\$760,302	\$0	\$281,878	\$267,254	\$198,948	\$303,862	\$18,730	\$68,703	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	\$693	\$0	\$0	\$0	(\$200)	\$0	\$893		(\$32,517)	\$32,517
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$1,900,370	\$760,302	\$0	\$281,878	\$267,054	\$198,948	\$304,755	\$18,730	\$36,186	\$32,517
8	Total Nursing Facility Days As Filed Days = 16,252	FY13 Audited C/R Days	16,252									
9	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		1.4298								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$65.87								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$143.62	\$65.87	\$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 ([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 = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.66	\$0.66								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Sifng 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	\$20.20	\$2.51	\$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	\$163.82	\$68.38	\$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	\$110.04									

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>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.3016</b>					<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>4.99</b>		Qtrly BIMS score: <b>67.6%</b>	<b>5.5%</b>	Quarterly Medicaid CMI: <b>1.7351</b>					<b>1.5138</b>	
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.7677</b>					<b>1.5405</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	\$5,274,534	\$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 Adjstmts	(\$266,253)	(\$5,834)	\$0	\$57	(\$92,450)	(\$9,653)	(\$40,099)		(\$148,090)	\$29,816
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,008,281	\$3,009,694	\$0	\$616,719	\$413,557	\$268,098	\$481,895	\$61,923	\$126,579	\$29,816
8	Total Nursing Facility Days	As Filed Days = 31,273	FY12 Audited C/R Days	31,273								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 41,766	FY 18 GL-PL Ins Rpt Days							41,766		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$159.65	\$96.24	\$0.00	\$19.72	\$21.80	(with L&H)	\$15.41	\$1.48	\$4.05	\$0.95
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.3016</u>								
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 = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$16.99	\$9.56	\$0.00	\$2.46	\$2.91	\$0.00	\$2.06	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$156.40	\$81.07	\$0.00	\$20.87	\$24.71	\$0.00	\$17.47	\$1.48	\$9.85	\$0.95
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.7677</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$143.31								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$218.64	\$143.31	\$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 ([Stnd - Ahd] 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 = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$7.88	\$7.88								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$4.30	\$4.30								
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	\$30.06	\$12.18	\$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>\$248.70</b>	<b>\$155.49</b>	<b>\$0.00</b>	<b>\$20.87</b>	<b>\$25.12</b>	<b>\$0.00</b>	<b>\$34.94</b>	<b>\$1.48</b>	<b>\$9.85</b>	<b>\$0.95</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$173.70</b>									

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
Prvdr ID: <b>000815493B</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</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>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		<b>48.2%</b>	<b>5.5%</b>	Quarterly Medicaid CMI: <b>1.6007</b>					<b>1.5138</b>	
				<b>3.92</b>	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.6276</b>					<b>1.5405</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 Adjstmnts	(\$4,307)	\$0	\$0	\$0	\$0	\$0	(\$4,307)		(\$10,653)	\$10,653
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$1,340,547	\$618,032	\$0	\$92,183	\$62,927	\$123,511	\$313,947	\$2,383	\$116,911	\$10,653
8	Total Nursing Facility Days	As Filed Days = 5,856	5,856									
	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		1.6276								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$131.95								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$229.55	\$131.95	\$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 ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem =	Ln 19 Col b x CPS Add-on	\$7.26	\$7.26								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Sifng Add-on	\$3.96	\$3.96								
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	\$28.54	\$11.22	\$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	\$258.09	\$143.17	\$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	\$180.74									

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> <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	\$3,109,776	\$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 Adjstmts	(\$29,834)	(\$5,040)	\$0	\$0	\$120	\$156	(\$30,573)		(\$7,624)	\$13,127
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,079,942	\$1,712,791	\$0	\$355,660	\$196,805	\$255,474	\$399,951	\$136,420	\$9,714	\$13,127
8	Total Nursing Facility Days As Filed Days = 22,897	FY12 Audited C/R Days	22,897									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,687	FY 18 GL-PL Ins Rpt Days								21,687		
9	Net Per Diems prior to Case Mix 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 = 13.37%	Ln 14 x Grwth Allwnc %	\$14.89	\$7.83	\$0.00	\$2.08	\$2.64	\$0.00	\$2.34	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.61	\$66.43	\$0.00	\$17.61	\$22.39	\$0.00	\$19.81	\$6.29	\$8.51	\$0.57
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8516								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$123.00								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$198.18	\$123.00	\$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 (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	\$3.08	\$3.08								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.69	\$3.69								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.40	\$7.30	\$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	\$223.58	\$130.30	\$0.00	\$17.83	\$22.80	\$0.00	\$37.28	\$6.29	\$8.51	\$0.57
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$154.86									

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

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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>10/1/2020</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>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>4.44</b>		Qtrly BIMS score: <b>32.6%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.4326</b>					<b>1.4326</b>	<b>1.5138</b>
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.4553</b>					<b>1.4553</b>	<b>1.5405</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	\$3,350,365	\$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 Adjstrnts	(\$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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.2140</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.59								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$56.59	\$0.00	\$14.99	\$16.65		\$15.89	\$3.07	\$10.22	\$0.73
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$116.14	\$56.59	\$0.00	\$14.99	\$16.65		\$15.89	\$3.07	8.22	\$0.73
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Growth Allownc %	\$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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.4553</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.37								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$159.27	\$93.37	\$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 ((Stnd - 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 = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.33	\$2.33								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.80	\$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	\$23.76	\$5.66	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$183.03</b>	<b>\$99.03</b>	<b>\$0.00</b>	<b>\$17.21</b>	<b>\$19.29</b>	<b>\$0.00</b>	<b>\$35.48</b>	<b>\$3.07</b>	<b>\$8.22</b>	<b>\$0.73</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$124.45</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 & 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	\$3,960,862	\$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 Adjstmts	(\$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											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed 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 =	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		1.7409									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.16									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$175.11	\$99.16	\$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 ((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	\$2.48	\$2.48									
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$2.97	\$2.97									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.71	\$5.98	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$198.82	\$105.14	\$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	\$136.29										

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>10/1/2020</b>		Growth Allowance: <b>N/A</b>		<b>19.4%</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.2576</b>				<b>1.3617</b>	
		MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.73</b>		<b>0.0%</b>	<b>2.0%</b>	Quarterly Medicaid CMI: <b>1.4802</b>				<b>1.5138</b>	
								Qtrly Mcaid CMI w RUG Wght Options: <b>1.5035</b>				<b>1.5405</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	\$4,648,011	\$1,978,046	\$0	\$557,581	\$325,331	\$332,932	\$752,169	\$29,732	\$672,220	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$627,613)	\$1,511	\$0	\$0	(\$6,330)	(\$6,478)	(\$121,891)		(\$515,944)	\$21,519	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,020,398	\$1,979,557	\$0	\$557,581	\$319,001	\$326,454	\$630,278	\$29,732	\$156,276	\$21,519	
8	Total Nursing Facility Days As Filed Days = 23,172	FY12 Audited C/R Days	23,172										
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,614	FY 18 GL-PL Ins Rpt Days								21,614			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$173.59	\$85.43	\$0.00	\$24.06	\$27.85	(with L&H)	\$27.20	\$1.38	\$6.74	\$0.93	
10	Base Period Facility 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 = 13.37%	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		1.5035									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.78									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$197.84	\$115.78	\$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 ((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 = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.32	\$2.32									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$19.95	\$2.85	\$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	\$217.79	\$118.63	\$0.00	\$20.87	\$26.18	\$0.00	\$40.41	\$1.38	\$9.39	\$0.93	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$150.52										

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
Pvdr ID: <b>00296271A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.2475</b>					<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.85</b>		Qtrly BIMS score: <b>41.8%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.3646</b>					<b>1.5138</b>	
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.3853</b>					<b>1.5405</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 Adjstmts	(\$262,391)	(\$4,960)	\$0	\$0	(\$431)	(\$582)	(\$105,246)		(\$192,666)	\$41,494
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,967,409	\$3,276,745	\$0	\$698,667	\$362,034	\$489,744	\$775,373	\$54,596	\$268,756	\$41,494
8	Total Nursing Facility Days As Filed Days = 41,854	FY12 Audited C/R Days	41,854									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,265	FY 18 GL-PL Ins Rpt Days								38,265		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$142.70	\$78.29	\$0.00	\$16.69	\$20.35	(with L&H)	\$18.53	\$1.43	\$6.42	\$0.99
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		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 (FRV)	\$0.99
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$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		1.3853								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.56								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.14	\$98.56	\$0.00	\$18.92	\$23.07	\$0.00	\$21.01	\$1.43	\$10.16	\$0.99
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Awd) x .75, up to max. or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.46	\$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	\$198.19	\$104.51	\$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	\$135.82									

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> <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	\$12,063,143	\$7,214,948	\$0	\$1,236,773	\$467,088	\$620,301	\$1,444,343	\$98,758	\$980,932	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit 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	\$87.81	\$0.00	\$15.02	\$13.63	(with L&H)	\$17.24	\$1.16	\$10.41	\$1.29
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5626								
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, AllCthr = 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 = 13.37%	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		1.4842								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.54								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllCthr = Ln 16	\$163.36	\$94.54	\$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 - 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 = 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	\$2.84	\$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	\$22.42	\$4.32	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$185.78	\$98.86	\$0.00	\$17.25	\$15.86	\$0.00	\$37.01	\$1.16	\$14.35	\$1.29
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$126.51									

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 & 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	\$5,803,623	\$3,311,191	\$0	\$767,037	\$393,998	\$396,702	\$679,435	\$191,204	\$64,056	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$157,175)	(\$18,037)	\$0	\$565	(\$2,206)	(\$11,507)	(\$120,426)		(\$52,995)	\$47,431
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,646,448	\$3,293,154	\$0	\$767,602	\$391,792	\$385,195	\$559,009	\$191,204	\$11,061	\$47,431
8	Total Nursing Facility Days	As Filed Days = 48,499 FY12 Audited C/R Days	48,499									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 44,985 FY 18 GL-PL Ins Rpt Days								44,985		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$116.74	\$67.90	\$0.00	\$15.83	\$16.02	(with L&H)	\$11.53	\$4.25	\$0.23	\$0.98
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2467								
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 = 13.37%	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		1.6163								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.79								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$162.19	\$99.79	\$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 - 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	\$2.49	\$2.49								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.99	\$2.99								
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	\$24.11	\$6.01	\$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	\$186.30	\$105.80	\$0.00	\$18.17	\$18.57	\$0.00	\$30.54	\$4.25	\$7.99	\$0.98
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$126.90									

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

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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>10/1/2020</b>		Growth Allowance: <b>N/A</b>		<b>24.6%</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>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.55</b>		Qtrly BIMS score: <b>24.6%</b>		<b>1.0%</b>	Quarterly Medicaid CMI: <b>1.7509</b>				<b>1.5138</b>	<b>1.5138</b>	
				Qtrly Mcaid CMI w RUG Wght Options: <b>1.7828</b>								<b>1.5405</b>	<b>1.5405</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	\$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 Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$186.27	\$115.51	\$0.00	\$17.33	\$16.32	(with L&H)	\$27.02	\$0.08	\$7.23	\$2.78	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<b>1.6363</b>									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.59									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$70.59	\$0.00	\$17.33	\$16.32		\$27.02	\$0.08	\$7.23	\$2.78	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$145.34	\$70.59	\$0.00	\$17.33	\$16.32		\$20.56	\$0.08	17.68	\$2.78	
											(FRV)		
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$16.69	\$9.44	\$0.00	\$2.32	\$2.18	\$0.00	\$2.75	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$162.03	\$80.03	\$0.00	\$19.65	\$18.50	\$0.00	\$23.31	\$0.08	\$17.68	\$2.78	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.7828</b>									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$142.68									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$224.68	\$142.68	\$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 - 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	\$1.43	\$1.43									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.85	\$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	\$22.54	\$4.81	\$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	\$247.22	\$147.49	\$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	\$172.59										

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	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	\$0.00	\$0.22	\$0.41		\$0.37				
	<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R - FY 2018 GL-PL Rpt	\$3,453,079	\$1,892,596	\$0	\$325,176	\$164,064	\$271,199	\$508,824	\$114,722	\$176,498	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$67,575)	(\$915)	\$0	(\$1,864)	(\$7,755)	(\$12,820)	(\$37,510)		(\$33,888)	\$27,177	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,385,504	\$1,891,681	\$0	\$323,312	\$156,309	\$258,379	\$471,314	\$114,722	\$142,610	\$27,177	
8	Total Nursing Facility Days	As Filed Days = 20,477	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		1.3784									
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	
											(FRV)		
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage =	Ln 14 x Grwth Allwnc %	\$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		1.5756									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.71									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$198.73	\$119.71	\$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 =	Ln 19 Col b x CPS Add-on	\$6.58	\$6.58									
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Sifng Add-on	\$3.59	\$3.59									
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	\$28.43	\$10.70	\$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	\$227.16	\$130.41	\$0.00	\$18.12	\$23.37	\$0.00	\$40.41	\$4.14	\$9.38	\$1.33	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$157.55										

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

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Provider: <b>Early Memorial 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>00140874A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.2350</b>					<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score: <b>19.7%</b>	<b>0.0%</b>	Quarterly Medicaid CMI: <b>1.3213</b>					<b>1.5138</b>	
				4.28	3.0%	Qtrly Mcaid CMI w RUG Wght Options: <b>1.3437</b>					<b>1.5405</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	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 Adjstrnts	\$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&F)	\$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				1.3437						
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.76								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.12	\$93.76	\$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 ((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 = 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	\$2.81	\$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	\$20.66	\$3.34	\$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	\$192.78	\$97.10	\$0.00	\$20.35	\$26.18	\$0.00	\$40.41	\$0.00	\$8.74	\$0.00
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$131.76									

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	\$4,536,622	\$2,343,652	\$0	\$517,435	\$269,383	\$319,818	\$686,805	\$112,768	\$286,761	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$171,960)	\$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										
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,504	FY 18 GL-PL Ins Rpt Days								28,504			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$137.88	\$73.82	\$0.00	\$16.34	\$18.56	(with L&H)	\$16.17	\$3.96	\$7.43	\$1.60	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2163									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.69									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$60.69	\$0.00	\$16.34	\$18.56		\$16.17	\$3.96	\$7.43	\$1.60	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.93	\$60.69	\$0.00	\$16.34	\$18.56		\$16.17	\$3.96	9.61 (FRV)	\$1.60	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14.93	\$8.11	\$0.00	\$2.18	\$2.48	\$0.00	\$2.16	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.86	\$68.80	\$0.00	\$18.52	\$21.04	\$0.00	\$18.33	\$3.96	\$9.61	\$1.60	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.9174									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$131.92									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$204.98	\$131.92	\$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 (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	\$1.32	\$1.32									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.96	\$3.96									
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	\$23.91	\$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	\$228.89	\$137.73	\$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	\$158.84										

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

**FINAL**

Provider: <b>Eastman Healthcare</b> Prvdr ID: <b>00141974A</b>	Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 23.9% Nurse Hours per On-Site Day/Quality Incentive: 2.56	Facility Score N/A 23.9% 2.56	Add-on Percent 13.37% 1.0% 3.0%	Case Mix Index (CMI) Data Base Period Overall CMI: 1.1568 Quarterly Medicaid CMI: 1.3749 Qtrly Mcaid CMI w RUG Wght Options: 1.4002	Facility Specific 1.1568 1.3749 1.4002	State-wide 1.3699 1.5138 1.5405
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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> <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										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed 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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY10		<b>1.1568</b>								
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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.4002</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$78.58								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$142.06	\$78.58	\$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 - 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>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.79	\$0.79								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.36	\$2.36								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.78	\$3.68	\$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>\$163.84</b>	<b>\$82.26</b>	<b>\$0.00</b>	<b>\$18.76</b>	<b>\$17.55</b>	<b>\$0.00</b>	<b>\$35.88</b>	<b>\$1.03</b>	<b>\$7.84</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>\$110.06</b>									

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>10/1/2020</b>		Growth Allowance: <b>N/A</b>		<b>50.0%</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>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.10</b>		Qltry BIMS score: <b>5.5%</b>		<b>5.5%</b>	<b>2.0%</b>	Quarterly Medicaid CMI: <b>1.6070</b>		<b>1.6070</b>	<b>1.5138</b>		
				Qtrly Mcaid CMI w RUG Wght Options: <b>1.6375</b>						<b>1.6375</b>	<b>1.5405</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 Adjstmts	(\$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											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 25,662								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 =	Ln 14 x Grwth Alwnc %	\$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 Qlry End		1.6375									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$80.86									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$147.18	\$80.86	\$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 ((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 =	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 Stfng Add-on	\$1.62	\$1.62									
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	\$24.70	\$6.60	\$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	\$171.88	\$87.46	\$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	\$116.09										

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

FINAL

Provider: <b>Eatonton Health &amp; Rehabilitation Center</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: <b>00223473A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.3434</b>					<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.43</b>		Qtrly BIMS score: <b>36.2%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.4451</b>					<b>1.5138</b>	
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.4663</b>					<b>1.5405</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	\$4,078,892	\$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	FY12 Audited C/R Days	28,786									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,030	FY 18 GL-PL Ins Rpt Days								28,030		
9	Net Per Diems prior to Case Mix 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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.3434</u>								
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 = <u>13.37%</u>	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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.4663</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.10								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$168.42	\$98.10	\$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 ((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 = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.45	\$2.45								
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	\$24.02	\$5.92	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$192.44	\$104.02	\$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	\$131.51									

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
Pvdr ID: 0014097A		Case Mix Per Diem Rate Effective Date: 10/1/2020		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.2538					1.3617	
		MDS & Nurse Hrs Data per Quarter Ending: 06/30/20		Qtrly BIMS score: 29.8%	1.0%	Quarterly Medicaid CMI: 1.2252					1.5138	
				Nurse Hours per On-Site Day/Quality Incentive: 4.64	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.2425					1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility 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 Adjstmts	(\$131,107)	(\$85,193)	\$0	\$19,127	\$14,898	\$12,681	(\$103,051)		(\$15,635)	\$26,066
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,368,599	\$3,774,993	\$0	\$1,208,918	\$594,766	\$506,314	\$1,760,262	\$106,864	\$390,416	\$26,066
8	Total Nursing Facility Days	As Filed Days = 37,034	37,034									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 36,424								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 =	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		1.2425								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.73								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$197.24	\$100.73	\$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 ((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	\$1.01	\$1.01								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	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	\$21.13	\$4.03	\$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	\$218.37	\$104.76	\$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	\$150.95									

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	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> Type of Facility 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)	(\$47,935)	\$0	\$0	\$0	\$0	\$0	(\$47,935)		(\$9,028)	\$9,028	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,309,940	\$1,503,493	\$0	\$530,039	\$198,085	\$288,482	\$622,711	\$7,025	\$151,077	\$9,028	
8	Total Nursing Facility Days As Filed Days = 17,530	FY12 Audited C/R Days	17,530										
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,600	FY 18 GL-PL Ins Rpt Days								17,600			
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 = 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	\$177.02	\$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		1.1288									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.51									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.46	\$91.51	\$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 = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.29	\$2.29									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.75	\$2.75									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.14	\$5.04	\$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	\$209.60	\$96.55	\$0.00	\$33.05	\$26.18	\$0.00	\$40.41	\$0.40	\$12.49	\$0.52	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$144.38										

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

FINAL

Provider: <b>Etowah Landing Care and Rehab</b> Prvdr ID: <b>00142766A</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>10/1/2020</b> MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Growth Allowance: <b>N/A</b> Qtrly BIMS score: <b>43.1%</b> Nurse Hours per On-Site Day/Quality Incentive: <b>2.94</b>				<b>13.37%</b>	<b>2.5%</b>	Base Period Overall CMI: <b>1.3514</b> Quarterly Medicaid CMI: <b>1.4805</b> Qtrly Mcaid CMI w RUG Wght Options: <b>1.5082</b>				<b>1.3617</b>	<b>1.5138</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	\$4,805,075	\$2,164,497	\$0	\$420,759	\$190,299	\$355,916	\$1,194,941	\$39,577	\$439,086	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$440,621)	(\$77,951)	\$0	(\$2,040)	\$1,774	(\$18,703)	(\$335,216)		(\$35,715)	\$27,230	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,364,454	\$2,086,546	\$0	\$418,719	\$192,073	\$337,213	\$859,725	\$39,577	\$403,371	\$27,230	
8	Total Nursing Facility Days As Filed Days = 32,895	FY12 Audited C/R Days	32,939										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,674	FY 18 GL-PL Ins Rpt Days								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&H)	\$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 (FRV)	\$0.83	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 13.37%	Ln 14 x Growth Allwnc %	\$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		1.5082									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$80.16									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$146.53	\$80.16	\$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 ((Strnd - 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	\$2.00	\$2.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (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	\$21.86	\$4.13	\$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	\$168.39	\$84.29	\$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	\$113.47										

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

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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>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.4147</b>					<b>1.3617</b>	<b>1.3617</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.53</b>		Qtrly BIMS score: <b>88.3%</b>	<b>5.5%</b>	Quarterly Medicaid CMI: <b>1.5590</b>					<b>1.5138</b>	<b>1.5138</b>
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.5870</b>					<b>1.5405</b>	<b>1.5405</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>											
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	#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		32,208								
8	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 Gwth Allow %	\$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		1.5870								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.67								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$157.76	\$88.67	\$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 - 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	\$4.88	\$4.88								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$2.66	\$2.66								
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	\$25.80	\$8.07	\$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	\$183.56	\$96.74	\$0.00	\$15.83	\$21.47	\$0.00	\$40.41	\$1.46	\$6.85	\$0.80
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$124.85									

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 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	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									
9	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		1.5282								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.35								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$158.72	\$92.35	\$0.00	\$14.22	\$19.17	\$0.00	\$18.48	\$3.82	\$8.68	\$2.00
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Sind - Awd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.31	\$2.31								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Sifng 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	\$22.79	\$4.69	\$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	\$181.51	\$97.04	\$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	\$123.31									

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
Prvdr ID: <b>00140984A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.3973</b>					<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.79</b>		Qtrly BIMS score: <b>35.2%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.7620</b>					<b>1.5138</b>	
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.7948</b>					<b>1.5405</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 Growth 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		1.7948								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.56								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$180.78	\$111.56	\$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 ((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	\$2.79	\$2.79								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.35	\$3.35								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.77	\$6.67	\$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	\$205.55	\$118.23	\$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	\$141.34									

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 & 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> <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	\$12,721,783	\$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 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	\$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		1.1971								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.05								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$195.74	\$97.05	\$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 - 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	\$0.00	\$0.00
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.43	\$2.43								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.91	\$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	\$22.44	\$5.34	\$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	\$218.18	\$102.39	\$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	\$150.81									

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	State-
			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	Score
			a	b	c	d	e	f	g	g	h	i	
<b>Provider: Folkston Park Care and Rehab</b> <b>Prvdr ID: 00141006A</b> Case Mix Per Diem Rate Effective Date: 10/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 06/30/20 Growth Allowance: N/A Qtrly BIMS score: 43.8% Nurse Hours per On-Site Day/Quality Incentive: 3.13 Facility Score: N/A Add-on Percent: 13.37% 2.5% 2.0% Case Mix Index (CMI) Data Base Period Overall CMI: 1.3444 Quarterly Medicaid CMI: 1.3594 Qtrly Mcaid CMI w RUG Wght Options: 1.3816 1.3617 1.5138 1.5405													
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>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	\$3,950,013	\$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 Adjstmts	(\$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											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed 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	\$0.70	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$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		1.3816									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$73.60									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$135.80	\$73.60	\$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 ((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	\$1.84	\$1.84									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.47	\$1.47									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.94	\$3.84	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$157.74	\$77.44	\$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	\$105.48										

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

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Provider: <b>Fort Gaines Healthcare, LLC</b> Prvdr ID: <b>00140599A</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>10/1/2020</b> MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Growth Allowance: <b>N/A</b> Qtrly BIMS score: <b>37.2%</b> Nurse Hours per On-Site Day/Quality Incentive: <b>2.53</b>		<b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.4652</b> Quarterly Medicaid CMI: <b>1.8726</b> Qtrly Mcaid CMI w RUG Wght Options: <b>1.9092</b>					<b>1.4652</b>	<b>1.3617</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	\$2,803,512	\$1,241,089	\$0	\$300,008	\$170,994	\$176,340	\$443,880	\$17,360	\$453,841	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$156,302)	(\$90,555)	\$0	(\$7,170)	(\$4,452)	\$8,396	(\$33,119)		(\$66,688)	\$37,286
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,647,210	\$1,150,534	\$0	\$292,838	\$166,542	\$184,736	\$410,761	\$17,360	\$387,153	\$37,286
8	Total Nursing Facility Days As Filed Days = 20,637	FY12 Audited C/R Days	20,637									
	Total Nursing Facility Days GL-PL, Ins. Rpt As Filed Days = 18,990	FY 18 GL-PL, Ins Rpt Days								18,990		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$128.34	\$55.75	\$0.00	\$14.19	\$17.02	(with L&H)	\$19.90	\$0.91	\$18.76	\$1.81
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<b>1.4652</b>								
11	Routine Svcs Case Mix Adjst (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 = <b>13.37%</b>	Ln 14 x Grwth Alhnc %	\$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		<b>1.9092</b>								
18	Qtrly Routine Svcs Case Mix Adjst (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.36								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$162.02	\$82.36	\$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 ((Stand - 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 = <b>2.5%</b> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.06	\$2.06								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <b>3.0%</b> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.47	\$2.47								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.16	\$5.06	\$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	\$185.18	\$87.42	\$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	\$126.06									

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	\$3,307,173	\$1,561,186	\$0	\$319,664	\$185,942	\$191,225	\$538,287	\$21,740	\$489,129	\$0
6	Audit Adjustments and Realocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$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									
	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 = 13.37%	Ln 14 x Grwth Alwnc %	\$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		1.8185								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$74.32								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$138.58	\$74.32	\$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 = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.86	\$1.86								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.49	\$1.49								
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	\$21.98	\$3.88	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$160.56	\$78.20	\$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	\$107.60									

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	\$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		1.3795								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$72.13								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$139.95	\$72.13	\$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 ([(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	\$1.80	\$1.80								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.16	\$2.16								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.59	\$4.49	\$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	\$162.54	\$76.62	\$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	\$109.08									

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>10/1/2020</b>		Growth Allowance:	N/A	Base Period Overall CMI:				1.5814	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	39.7%	Quarterly Medicaid CMI:				1.6653	1.5138	
					3.41	Qtrly Mcaid CMI w RUG Wght Options:				1.6961	1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			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%		100.0%			
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	\$6,028,377	\$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 Adjstmnts	(\$477,587)	(\$176,249)	\$0	(\$19,614)	(\$353)	(\$22,839)	(\$257,168)		(\$47,242)	\$45,878
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,550,790	\$2,561,862	\$0	\$488,547	\$213,494	\$357,355	\$1,091,645	\$322,292	\$469,717	\$45,878
8	Total Nursing Facility Days	As Filed Days = 36,744 FY12 Audited C/R Days	36,724									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 35,957 FY 18 GL-PL Ins Rpt Days								35,957		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$151.33	\$69.76	\$0.00	\$13.30	\$15.54	(with L&H)	\$29.73	\$8.96	\$12.79	\$1.25
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<b>1.5814</b>								
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 = <u>13.37%</u>	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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.6961</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$84.82								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$158.95	\$84.82	\$0.00	\$15.08	\$17.62	\$0.00	\$23.31	\$8.96	\$7.91	\$1.25
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.12	\$2.12								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.54	\$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	\$22.92	\$5.19	\$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>\$181.87</b>	<b>\$90.01</b>	<b>\$0.00</b>	<b>\$15.30</b>	<b>\$18.03</b>	<b>\$0.00</b>	<b>\$40.41</b>	<b>\$8.96</b>	<b>\$7.91</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>\$123.58</b>									

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>10/1/2020</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>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>4.76</b>		Qtrly BIMS score: <b>42.0%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.6939</b>					<b>1.6939</b>	<b>1.5138</b>
					<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.7254</b>					<b>1.7254</b>	<b>1.5405</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	\$3,733,356	\$2,028,953	\$0	\$411,774	\$326,352	\$324,682	\$528,176	\$98,067	\$15,352	\$0
6	Audit Adjustments and Realocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$40,141)	(\$6,289)	\$0	\$0	\$0	(\$1,161)	(\$39,524)		(\$7,984)	\$14,817
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,693,215	\$2,022,664	\$0	\$411,774	\$326,352	\$323,521	\$488,652	\$98,067	\$7,368	\$14,817
8	Total Nursing Facility Days As Filed Days = 28,995	FY12 Audited C/R Days	28,995									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,896	FY 18 GL-PL Ins Rpt Days								28,896		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$127.37	\$69.76	\$0.00	\$14.20	\$22.41	(with L&H)	\$16.85	\$3.39	\$0.25	\$0.51
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2454								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.01								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$56.01	\$0.00	\$14.20	\$22.41		\$16.85	\$3.39	\$0.25	\$0.51
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$121.06	\$56.01	\$0.00	\$14.20	\$22.41		\$16.85	\$3.39	7.69 (FRV)	\$0.51
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Growth Allownc %	\$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		1.7254								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.56								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.76	\$109.56	\$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 ((Stand - Awd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.74	\$2.74								
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	\$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	\$205.32	\$115.02	\$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	\$141.17									

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		Facility Score	Add-on Percent	Case Mix Index (CMI) Data		Facility Specific	State-wide
													a	b			c	d		
<b>Provider: Gateway Health and Rehab Center</b> <b>Prvdr ID: 00140786A</b> Case Mix Per Diem Rate Effective Date: 10/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 06/30/20 Growth Allowance: N/A Qtrly BIMS score: 31.0% Nurse Hours per On-Site Day/Quality Incentive: 3.90 Facility Score: N/A Add-on Percent: 13.37% Base Period Overall CMI: 1.3591 Quarterly Medicaid CMI: 1.6830 Qtrly Mcaid CMI w RUG Wght Options: 1.7155 State-wide: 1.3817 State-wide: 1.5138 State-wide: 1.5405																				
<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	\$2,672,213	\$1,449,766	\$0	\$295,579	\$197,632	\$192,022	\$456,762	\$67,243	\$13,209	\$0								
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$25,792)	(\$4,437)	\$0	\$0	\$0	(\$197)	(\$26,122)		(\$8,245)	\$13,209								
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,646,421	\$1,445,329	\$0	\$295,579	\$197,632	\$191,825	\$430,640	\$67,243	\$4,964	\$13,209								
8	Total Nursing Facility Days As Filed Days = 20,215	FY12 Audited C/R Days	20,215																	
	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 Alhnc %	\$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		1.7155																
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.31																
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.69	\$102.31	\$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	\$0.00	\$0.00								
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.56	\$2.56																
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.07	\$3.07																
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10											
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.89	\$6.16	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00								
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$198.58	\$108.47	\$0.00	\$16.79	\$22.26	\$0.00	\$40.41	\$3.38	\$6.62	\$0.65								
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$136.11																	

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
<b>Provider: Gibson Health &amp; Rehabilitation Center</b> <b>Prvdr ID: 00141116A</b> Case Mix Per Diem Rate Effective Date: 10/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 06/30/20 Growth Allowance: N/A Qtrly BIMS score: 39.7% Nurse Hours per On-Site Day/Quality Incentive: 3.04 Facility Score: 3.04 Add-on Percent: 13.37% 2.5% 3.0% Base Period Overall CMI: 1.3210 Quarterly Medicaid CMI: 1.4907 Qtrly Mcaid CMI w RUG Wght Options: 1.5164 1.5405																				
<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	\$4,366,889	\$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 Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 33,226 As Filed Days = 30,654	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	33,226							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		1.3210																
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	\$0.00	\$13.90	\$16.59		\$16.84	\$3.24	9.50	\$0.78								
<b>Quarterly Per Diem Rate Prior to Add-ons</b>																				
15	Growth Allowance Percentage = 13.37%	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		1.5164																
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.27																
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16		\$161.45	\$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 (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	\$0.00								
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on		\$2.36	\$2.36															
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng 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		\$23.82	\$5.72	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00								
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24		\$185.27	\$99.99	\$0.00	\$15.98	\$19.22	\$0.00	\$36.56	\$3.24	\$9.50	\$0.78							
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75		\$126.13																

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Glen Eagle Healthcare and 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: 003214231A		Growth Allowance:		N/A	13.37%	Base Period Overall CMI:				Use Stwd	1.3617	
H/B ? : No		Case Mix Per Diem Rate Effective Date: 10/01/20		BIMS: 23.1%	1.0%	Quarterly Medicaid CMI:				1.5812	1.5138	
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20		Nurse Hours per On-Site Day/Quality Incentive: 2.76		2.76	2.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.6113	1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								\$0.00		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								0		
	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
	Allowed @ 90% of Std		\$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			1.6113							(FRV Rate)	
	Qrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$117.57								
	Quarterly Medicaid CMA Allowed Per Diem		\$193.23	\$117.57		\$18.79	\$23.56		\$20.97	\$3.03	\$9.31	\$0.00
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 1.0% to Routine Svcs)		\$1.18	\$1.18								
	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%		\$2.35	\$2.35								
	Nursing Home Provider Fee		\$17.10						17.1			
	Total Quarterly Per Diem Add-On Amounts		\$20.63									
	Quarterly Case Mix Based Per Diem Rate		\$213.85	\$121.10		\$18.79	\$23.56		\$38.07	\$3.03	\$9.31	\$0.00
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%		\$147.56									

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>10/1/2020</b>		Growth Allowance: <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>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>4.04</b>		Qtrly BIMS score: <b>38.8%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.2187</b>					<b>1.5138</b>	
					<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.2359</b>					<b>1.5405</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 Adjstmts	(\$34,753)	\$0	\$0	\$0	(\$2,626)	(\$4,469)	(\$21,977)		(\$12,352)	\$6,671
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,335,181	\$1,788,739	\$0	\$812,926	\$195,211	\$332,184	\$764,221	\$12,901	\$422,328	\$6,671
8	Total Nursing Facility Days As Filed Days = 22,464	FY12 Audited C/R Days	22,464									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,314	FY 18 GL-PL Ins Rpt Days								21,314		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$193.03	\$79.63	\$0.00	\$36.19	\$23.48	(with L&H)	\$34.02	\$0.61	\$18.80	\$0.30
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4211								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.04								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$56.04	\$0.00	\$36.19	\$23.48		\$34.02	\$0.61	\$18.80	\$0.30
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$139.92	\$56.04	\$0.00	\$29.15	\$23.09		\$20.56	\$0.61	10.17 (FRV)	\$0.30
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x 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		1.2359								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$78.52								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.14	\$78.52	\$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 - Act) 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 = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.96	\$1.96								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.57	\$1.57								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.16	\$4.06	\$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	\$193.30	\$82.58	\$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	\$132.15									

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>10/1/2020</b>	Growth Allowance: <b>N/A</b>	Qtrly BIMS score: <b>15.0%</b>	13.37%	0.0%	Base Period Overall CMI: <b>1.1177</b>	1.3617					
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.45</b>	2.0%	Qtrly Medicaid CMI w RUG Wght Options: <b>1.6021</b>	1.5138	1.5405							
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			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	\$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	(\$2,095)	\$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	FY12 Audited C/R Days	39,990										
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,858	FY 18 GL-PL Ins Rpt Days								40,858			
9	Net Per Diems prior to Case Mix Adjstnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$185.43	\$97.13	\$0.00	\$29.17	\$18.40	(with L&H)	\$22.70	\$2.23	\$15.22	\$0.58	
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.1177</u>									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.90									
12	Net Per Diems after Case Mix Adjstnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$86.90	\$0.00	\$29.17	\$18.40		\$22.70	\$2.23	\$15.22	\$0.58	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$151.05	\$71.51	\$0.00	\$29.15	\$18.40		\$20.56	\$2.23	8.62 (FRV)	\$0.58	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$18.67	\$9.56	\$0.00	\$3.90	\$2.46	\$0.00	\$2.75	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$169.72	\$81.07	\$0.00	\$33.05	\$20.86	\$0.00	\$23.31	\$2.23	\$8.62	\$0.58	
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.6021</u>									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$129.88									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$218.53	\$129.88	\$0.00	\$33.05	\$20.86	\$0.00	\$23.31	\$2.23	\$8.62	\$0.58	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem (Std - Awd) x .75, up to max, or 0)	(see Policy Manual)	\$0.41	\$0.00	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <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	\$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	\$20.11	\$2.60	\$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>\$238.64</b>	<b>\$132.48</b>	<b>\$0.00</b>	<b>\$33.05</b>	<b>\$21.27</b>	<b>\$0.00</b>	<b>\$40.41</b>	<b>\$2.23</b>	<b>\$8.62</b>	<b>\$0.58</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$166.16</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		
			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	\$10,895,177	\$6,195,898	\$0	\$1,007,691	\$424,893	\$542,118	\$2,288,499	\$5,843	\$420,235	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstms	(\$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											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 77,164								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 =	Ln 14 x Grwth Allwnc %	\$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				1.3825							
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$83.78									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$144.95	\$83.78	\$0.00	\$14.91	\$14.62	\$0.00	\$23.31	\$0.08	\$7.15	\$1.10	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem (SInd - 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	\$2.09	\$2.09									
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$2.51	\$2.51									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.86	\$5.13	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$167.81	\$88.91	\$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	\$113.03										

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

FINAL

Provider: <b>Glenwood Healthcare</b> Prvdr ID: <b>701562744A</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>10/1/2020</b> MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Growth Allowance: <b>N/A</b> Qtrly BIMS score: <b>31.7%</b> Nurse Hours per On-Site Day/Quality Incentive: <b>2.85</b>			<b>31.7%</b>	<b>2.5%</b>	Base Period Overall CMI: <b>1.4106</b> Quarterly Medicaid CMI: <b>1.5502</b> Qtrly Mcaid CMI w RUG Wght Options: <b>1.5790</b>				<b>1.3617</b>	<b>1.5138</b>	<b>1.5405</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	\$2,182,871	\$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										
	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		\$71.51	\$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											
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$73.91									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$150.43	\$73.91	\$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 (Stdnd - 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	\$1.85	\$1.85									
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$1.48	\$1.48									
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	\$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	\$172.02	\$77.77	\$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	\$116.19										

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>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.5030</b>					<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>2.61</b>		Qtrly BIMS score: <b>38.6%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.7543</b>					<b>1.5138</b>	
					<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.7876</b>					<b>1.5405</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	\$3,352,187	\$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 Adjstmnts	(\$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										
8	Total Nursing Facility Days	FY12 Audited C/R Days		31,811								
9	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 33,993								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	\$0.81
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage =	Ln 14 x Grwth Allownc %	\$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		1.7876								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$81.64								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$131.99	\$81.64	\$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 - 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	\$2.04	\$2.04								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	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	\$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	\$154.29	\$85.84	\$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	\$102.89									

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

FINAL

Provider: <b>Gordon 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>00202848A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.3364</b>					<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.37</b>		Qtrly BIMS score: <b>33.3%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.4499</b>					<b>1.5138</b>	
					<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.4742</b>					<b>1.5405</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	\$6,100,809	\$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 Adjstmts	(\$27,871)	(\$691)	\$0	\$0	\$0	\$0	(\$27,180)		(\$28,457)	\$28,457
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,072,938	\$3,284,228	\$0	\$635,668	\$334,242	\$331,994	\$699,580	\$111,666	\$647,103	\$28,457
8	Total Nursing Facility Days As Filed Days = 41,699	FY12 Audited C/R Days	41,699									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,095	FY 18 GL-PL Ins Rpt Days								40,095		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$145.75	\$78.76	\$0.00	\$15.24	\$15.98	(with L&H)	\$16.78	\$2.79	\$15.52	\$0.68
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<b>1.3364</b>								
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 = <b>13.37%</b>	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		<b>1.4742</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.51								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$165.52	\$98.51	\$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 ([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	\$2.46	\$2.46								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <b>2.0%</b> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.97	\$1.97								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.06	\$4.96	\$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	\$188.58	\$103.47	\$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	\$128.61									

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>10/1/2020</b>		Growth Allowance: <b>N/A</b>		<b>26.4%</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.5096</b>				<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.60</b>		Qtrly BIMS score: <b>2.0%</b>		<b>3.60</b>	<b>2.0%</b>	Quarterly Medicaid CMI: <b>1.6047</b>				<b>1.5138</b>	
								Qtrly Mcaid CMI w RUG Wght Options: <b>1.6340</b>				<b>1.5405</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	\$6,549,909	\$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	43,235										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 40,467								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 =	Ln 14 x Grwth Allownc %	\$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>1.6340</b>									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.60									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$167.48	\$92.60	\$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 - 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	\$0.93	\$0.93									
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	\$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	\$188.52	\$95.91	\$0.00	\$17.64	\$20.73	\$0.00	\$40.41	\$2.27	\$10.17	\$1.39	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$128.57										

**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	
Prvdr ID: <b>00141182A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.1896</b>				<b>1.3617</b>	<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>4.00</b>		Qtrly BIMS score: <b>38.1%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.4365</b>				<b>1.5138</b>	<b>1.5138</b>	
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.4611</b>				<b>1.4611</b>	<b>1.5405</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	\$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	FY12 Audited C/R Days	17,282									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,700	FY 18 GL-PL Ins Rpt Days								15,700		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$130.03	\$70.33	\$0.00	\$19.73	\$16.79	(with L&H)	\$16.74	\$2.43	\$2.64	\$1.37
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.1896</u>								
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 = <u>13.37%</u>	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		<u>1.4611</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.92								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$168.17	\$97.92	\$0.00	\$20.87	\$19.03	\$0.00	\$18.98	\$2.43	\$7.57	\$1.37
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Awd) x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.45	\$2.45								
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	\$23.80	\$5.92	\$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>\$191.97</b>	<b>\$103.84</b>	<b>\$0.00</b>	<b>\$20.87</b>	<b>\$19.44</b>	<b>\$0.00</b>	<b>\$36.45</b>	<b>\$2.43</b>	<b>\$7.57</b>	<b>\$1.37</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$131.15</b>									

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

FINAL

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>10/1/2020</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>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.30</b>		Qtrly BIMS score: <b>27.7%</b>	<b>1.0%</b>	Quarterly Medicaid CMI: <b>1.4762</b>				<b>1.4762</b>	<b>1.5138</b>	
					<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.5021</b>				<b>1.5021</b>	<b>1.5405</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	\$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	(\$56,977)	\$129	\$0	\$0	\$0	(\$2,824)	(\$100,713)		\$10,190	\$36,241
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,214,776	\$1,692,426	\$0	\$412,181	\$166,691	\$224,713	\$417,358	\$65,910	\$199,256	\$36,241
8	Total Nursing Facility Days As Filed Days = 21,651	FY12 Audited C/R Days	21,651									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,923	FY 18 GL-PL Ins Rpt Days								20,923		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$148.59	\$78.17	\$0.00	\$19.04	\$18.08	(with L&H)	\$19.28	\$3.15	\$9.20	\$1.67
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2061								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.81								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$64.81	\$0.00	\$19.04	\$18.08		\$19.28	\$3.15	\$9.20	\$1.67
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$135.30	\$64.81	\$0.00	\$18.41	\$18.08		\$19.28	\$3.15	9.90 (FRV)	\$1.67
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allownc %	\$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		1.5021								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.37								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.32	\$110.37	\$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 - 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	\$1.10	\$1.10								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	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	\$21.72	\$3.84	\$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	\$210.04	\$114.21	\$0.00	\$20.87	\$20.91	\$0.00	\$39.33	\$3.15	\$9.90	\$1.67
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$144.71									

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	h	i	Facility Score	Add-on Percent	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:	1.1607	1.3617	
<b>CASE MIX BASED RATE CALCULATIONS</b>																														
1	<b>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	\$4,732,591	\$2,447,155	\$0	\$499,497	\$276,128	\$300,060	\$614,138	\$93,995	\$501,618	\$0																		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$24,372)	\$0	\$0	(\$1,736)	\$0	\$0	(\$24,372)		(\$23,606)	\$25,342																		
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,708,219	\$2,447,155	\$0	\$497,761	\$276,128	\$300,060	\$589,766	\$93,995	\$478,012	\$25,342																		
8	Total Nursing Facility Days As Filed Days = 34,016	FY12 Audited C/R Days	34,016																											
	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		<b>1.1607</b>																										
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																		
											(FRV)																			
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>																													
15	Growth Allowance Percentage = <b>13.37%</b>	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		<b>1.2600</b>																										
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.54																										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$156.58	\$88.54	\$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 (Stdnd - 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 C/PS Add-on	\$2.21	\$2.21																										
22	Nurse Staff Hrs / Quality Add-on Per Diem = <b>2.0%</b> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.77	\$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	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$179.19	\$93.05	\$0.00	\$16.81	\$19.61	\$0.00	\$37.13	\$2.82	\$9.02	\$0.75																		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$121.57																											

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

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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>10/1/2020</b>		Growth Allowance: <b>N/A</b>		<b>38.2%</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.2987</b>				<b>1.3617</b>	
		MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.74</b>		<b>2.5%</b>	<b>3.0%</b>	Quarterly Medicaid CMI: <b>1.5204</b>				<b>1.5138</b>	
								Qtrly Mcaid CMI w RUG Wght Options: <b>1.5490</b>				<b>1.5405</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	\$3,236,306	\$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 Adjstmts	(\$13,461)	\$0	\$0	(\$1,819)	\$168	\$0	(\$13,629)		(\$11,992)	\$13,811	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,222,845	\$1,726,719	\$0	\$360,472	\$192,248	\$227,744	\$407,752	\$60,880	\$233,219	\$13,811	
8	Total Nursing Facility Days As Filed Days = 22,060	FY12 Audited C/R Days	22,060										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,118	FY 18 GL-PL Ins Rpt Days								21,118			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$146.21	\$78.27	\$0.00	\$16.34	\$19.04	(with L&H)	\$18.48	\$2.88	\$10.57	\$0.63	
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<b>1.2987</b>									
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 = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.5490</b>									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.84									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$182.48	\$105.84	\$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 = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.65	\$2.65									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$3.18	\$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	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$206.94</b>	<b>\$112.20</b>	<b>\$0.00</b>	<b>\$18.74</b>	<b>\$22.00</b>	<b>\$0.00</b>	<b>\$38.42</b>	<b>\$2.88</b>	<b>\$12.07</b>	<b>\$0.63</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$142.38</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		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
													a	b			c	d	e		
<b>Provider: Gwinnett Extended Care Center</b> <b>Prvdr ID: 00781382A</b> Case Mix Per Diem Rate Effective Date: 10/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 06/30/20 Growth Allowance: N/A Qtrly BIMS score: 48.5% Nurse Hours per On-Site Day/Quality Incentive: 6.35 Facility Score: N/A Add-on Percent: 13.37% Base Period Overall CMI: 1.4525 Quarterly Medicaid CMI: 1.5922 Qtrly Mcaid CMI w RUG Wght Options: 1.6205 State-wide: 1.3617 State-wide: 1.5138 State-wide: 1.5405																					
<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>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>												
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>																					
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%												
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%												
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37												
<b>Base Period Per Diem Allowed Amounts</b>																					
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$9,066,530	\$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	FY12 Audited C/R Days	31,822																		
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,727	FY 18 GL-PL Ins Rpt Days								29,727											
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$284.65	\$140.44	\$0.00	\$32.68	\$38.62	(with L&H)	\$35.45	\$0.33	\$37.13	\$0.00									
10	Base Period Facility Case Mix Index 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	\$0.00									
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 = 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	\$177.60	\$81.07	\$0.00	\$33.05	\$26.18	\$0.00	\$23.31	\$0.33	\$13.66	\$0.00									
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6205																	
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$131.37																	
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$227.90	\$131.37	\$0.00	\$33.05	\$26.18	\$0.00	\$23.31	\$0.33	\$13.66	\$0.00									
<b>Quarterly Per Diem Add-on Amounts</b>																					
20	Efficiency Add-on Per Diem ((Sind - Awd) x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00									
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$7.23	\$7.23																	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (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	\$26.96	\$9.86	\$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	\$254.86	\$141.23	\$0.00	\$33.05	\$26.18	\$0.00	\$40.41	\$0.33	\$13.66	\$0.00									
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$178.32																		

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

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Provider: <b>Habersham Home</b> Prvdr ID: <b>00141292A</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>10/1/2020</b>		Growth Allowance: <b>N/A</b>		<b>54.2%</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.1936</b>				<b>1.1936</b>	<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>6.18</b>		<b>5.5%</b>	<b>3.0%</b>	Quarterly Medicaid CMI: <b>1.3861</b>				<b>1.3861</b>	<b>1.5138</b>	
						Qtrly Mcaid CMI w RUG Wght Options: <b>1.4068</b>				<b>1.4068</b>	<b>1.5405</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	<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	FY12 Audited C/R Days	30,201									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,884	FY 18 GL-PL Ins Rpt Days								27,884		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$167.58	\$85.35	\$0.00	\$12.19	\$32.81	(with L&H)	\$18.07	\$2.81	\$16.35	\$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<b>1.1936</b>								
11	Routine Svcs Case Mix Adjst (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 = <b>13.37%</b>	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		<b>1.4068</b>								
18	Qtrly Routine Svcs Case Mix Adjst (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.05								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$185.40	\$114.05	\$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 ((Stnd - 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 = <b>5.5%</b> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.27	\$6.27								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <b>3.0%</b> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.42	\$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	\$27.38	\$9.69	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$212.78	\$123.74	\$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	\$146.76									

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

FINAL

Provider: <b>Haralson Nursing and Rehab Center</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: <b>00141325A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.5429</b>					<b>1.5429</b>	<b>1.4014</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.35</b>		Qtrly BIMS score: <b>32.2%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.7702</b>					<b>1.7702</b>	<b>1.5138</b>
					<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.8046</b>					<b>1.8046</b>	<b>1.5405</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	\$2,857,633	\$1,304,386	\$0	\$245,183	\$123,691	\$120,759	\$458,508	\$210,807	\$394,299	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY14 C/R Audit Adjstmts	\$43,057	\$0	\$0	\$0	\$274	(\$6,813)	\$48,762		(\$15,211)	\$16,045
7	Cost Center Costs After Audit Adjustments	FY14 Audited C/R	\$2,900,690	\$1,304,386	\$0	\$245,183	\$123,965	\$113,946	\$507,270	\$210,807	\$379,088	\$16,045
8	Total Nursing Facility Days	As Filed Days = 19,418	19,418									
9	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 36,231								36,231		
10	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
11	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.5429								
12	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$43.53								
13	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
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	N/A	
15	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	\$0.83
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
16	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
17	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
18	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8046								
19	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.06								
20	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$159.31	\$89.06	\$0.00	\$14.32	\$13.89	\$0.00	\$27.23	\$5.82	\$8.16	\$0.83
<b>Quarterly Per Diem Add-on Amounts</b>												
21	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	
22	BIMS Add-on Per Diem =	Ln 19 Col b x CPS Add-on	\$2.23	\$2.23								
23	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$1.78	\$1.78								
24	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
25	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.27	\$4.54	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
26	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$181.58	\$93.60	\$0.00	\$14.54	\$14.30	\$0.00	\$44.33	\$5.82	\$8.16	\$0.83
27	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$123.36									

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

FINAL

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: 10/1/2020		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.4862					1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20		Nurse Hours per On-Site Day/Quality Incentive: 4.02		Qtrly BIMS score: 15.2%	0.0%	Quarterly Medicaid CMI: 1.4783					1.5138	
					3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5038					1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility 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									
8	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 Allownc %	\$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		1.5038								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$81.58								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$143.85	\$81.58	\$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 ((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 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	\$20.71	\$2.98	\$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	\$164.56	\$84.56	\$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	\$110.60									

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		Growth Allowance: N/A				13.37%		Base Period Overall CMI:				1.2039	1.3617
Case Mix Per Diem Rate Effective Date: 10/1/2020		Qtrly BIMS score: 16.7%				0.0%		Quarterly Medicaid CMI:				1.5050	1.5138
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20		Nurse Hours per On-Site Day/Quality Incentive: 5.67				3.0%		Qtrly Mcaid CMI w RUG Wght Options:				1.5307	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> Type of Facility 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	FY12 Audited C/R Days	26,836										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,258	FY 18 GL-PL Ins Rpt Days								17,258			
9	Net Per Diems prior to Case Mix 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 = 13.37%	Ln 14 x Grwth 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		1.5307									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$124.09									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$224.00	\$124.09	\$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 ((Stand - Atwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.31	\$0.00	\$0.00	\$0.00	\$0.31	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$3.72	\$3.72									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.13	\$3.72	\$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	\$245.13	\$127.81	\$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	\$171.02										

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

FINAL

Provider: Harborview Health Systems - Satilla		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: 00142755A		Case Mix Per Diem Rate Effective Date: 10/1/2020		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.3231					1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20		Nurse Hours per On-Site Day/Quality Incentive: 5.78		Qtrly BIMS score: 11.7%	0.0%	Quarterly Medicaid CMI: 1.5439					1.5138	
					3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5690					1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility 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 Althnc %	\$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		1.5690								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$127.20								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$220.87	\$127.20	\$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 (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 = 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	\$3.82	\$3.82								
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	\$21.55	\$3.82	\$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	\$242.42	\$131.02	\$0.00	\$32.63	\$24.55	\$0.00	\$40.41	\$2.11	\$11.21	\$0.49
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$168.99									

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
Pvdr ID: 00140621A		Case Mix Per Diem Rate Effective Date: 10/1/2020		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.2365					1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20		Nurse Hours per On-Site Day/Quality Incentive: 4.19		Qtrly BIMS score: 31.9%	2.5%	Quarterly Medicaid CMI: 1.5153					1.5138	
					2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5413					1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatins & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,879,521	\$2,542,032	\$0	\$548,554	\$198,378	\$213,772	\$895,255	\$59,739	\$421,791	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$51,686)	\$0	\$0	\$0	\$0	\$0	(\$51,686)		(\$33,092)	\$33,092
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,827,835	\$2,542,032	\$0	\$548,554	\$198,378	\$213,772	\$843,569	\$59,739	\$388,699	\$33,092
8	Total Nursing Facility Days As Filed Days = 36,047	FY12 Audited C/R Days	36,047									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,871	FY 18 GL-PL Ins Rpt Days								39,871		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$133.77	\$70.52	\$0.00	\$15.22	\$11.43	(with L&H)	\$23.40	\$1.50	\$10.78	\$0.92
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2365								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.03								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$57.03	\$0.00	\$15.22	\$11.43		\$23.40	\$1.50	\$10.78	\$0.92
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$115.39	\$57.03	\$0.00	\$15.22	\$11.43		\$20.56	\$1.50	8.73 (FRV)	\$0.92
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$13.93	\$7.62	\$0.00	\$2.03	\$1.53	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$129.32	\$64.65	\$0.00	\$17.25	\$12.96	\$0.00	\$23.31	\$1.50	\$8.73	\$0.92
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5413								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.65								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$164.32	\$99.65	\$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 - 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 = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.49	\$2.49								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x 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	\$22.74	\$5.01	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$187.06	\$104.66	\$0.00	\$17.47	\$13.37	\$0.00	\$40.41	\$1.50	\$8.73	\$0.92
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$127.47									

Quarterly Case Mix Per Diem Calculation

Provider: Harrington Park Prvdr ID: 003165726A H/B ? : No		Add-on Data and Percentages Growth Allowance: N/A BIMS: 25.0% Nurse Hours per On-Site Day/Quality Incentive: 4.12		Facility Score Add-on Percent 13.37% 1.0%	Case Mix Index (CMI) Data Base Period Overall CMI: Quarterly Medicaid CMI: Qtrly Mcaid CMI w RUG Wght Options:					Facility Specific Use Stwd 1.1558 1.1720	State-wide 1.3617 1.5138 1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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								\$ 47,854		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								17,334		
	Standard Per Diem (After CMA for Routine Srvc)	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			1.1720							(FRV Rate)	
	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem			\$90.26								
	Quarterly Medicaid CMA Allowed Per Diem		\$205.03	\$90.26		\$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% (o Routine Srvc)		\$0.90	\$0.90								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$2.71	\$2.71								
	Nursing Home Provider Fee		\$17.10						17.10			
	<b>Total Quarterly Per Diem Add-On Amounts</b>		\$20.71									
	<b>Quarterly Case Mix Based Per Diem Rate</b>		\$225.74	\$93.87		\$19.83	\$24.87		\$39.24	\$2.76	\$37.80	\$7.37
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$156.48										

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

FINAL

Provider: <b>Hart 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>00167857A</b>		Case Mix Per Diem Rate Effective Date: 10/01/20		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.5289					1.3699	
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score: 36.1%	2.5%	Quarterly Medicaid CMI: 1.6173					1.5138	
				3.53	2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6461					1.5405	
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)		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 Adjstmnts	(\$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	40,897									
8	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 37,122								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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY10		<u>1.5289</u>								
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	\$0.50
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.4%</u>	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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.6461</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.26								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 15	\$150.47	\$92.26	\$0.00	\$15.44	\$13.24	\$0.00	\$20.58	\$1.32	\$7.13	\$0.50
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Sind - 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	\$2.31	\$2.31								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stng 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	\$22.79	\$4.69	\$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	\$173.26	\$96.95	\$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	\$117.12									

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>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.3222</b>					<b>1.3617</b>	<b>1.3617</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.48</b>		Qtrly BIMS score: <b>23.5%</b>	<b>1.0%</b>	Quarterly Medicaid CMI: <b>1.3813</b>					<b>1.5138</b>	<b>1.5138</b>
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.4029</b>					<b>1.4029</b>	<b>1.5405</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	\$5,839,275	\$2,588,661	\$0	\$974,560	\$281,348	\$169,446	\$1,374,106	\$87,921	\$363,233	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	\$0	\$0	\$0	\$0	\$0	\$0	\$0		(\$2,229)	\$2,229
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,839,275	\$2,588,661	\$0	\$974,560	\$281,348	\$169,446	\$1,374,106	\$87,921	\$361,004	\$2,229
8	Total Nursing Facility Days As Filed Days = 32,055	FY12 Audited C/R Days	32,055									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,303	FY 18 GL-PL Ins Rpt Days								31,303		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$182.23	\$60.76	\$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 = 13.37%	Ln 14 x Grwth Allwnc %	\$16.70	\$8.17	\$0.00	\$3.90	\$1.88	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$152.61	\$69.25	\$0.00	\$33.05	\$15.94	\$0.00	\$23.31	\$2.81	\$8.18	\$0.07
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4029								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.15								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$180.51	\$97.15	\$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 ((Sind - 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 = 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 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	\$21.92	\$4.41	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$202.43	\$101.56	\$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	\$139.00									

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

FINAL

Provider: Hazlehurst Court Care and Rehab		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Pvdr ID: 00059705A		Case Mix Per Diem Rate Effective Date: 10/1/2020		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.4494					1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20		Nurse Hours per On-Site Day/Quality Incentive: 2.58		Qtrly BIMS score: 26.4%	1.0%	Quarterly Medicaid CMI: 1.4808					1.5138	
					3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5064					1.5405	
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 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	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		1.5064								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$74.21								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$136.50	\$74.21	\$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 ([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	\$0.74	\$0.74								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stng Add-on	\$2.23	\$2.23								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.23	\$3.50	\$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	\$157.73	\$77.71	\$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	\$105.47									

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>10/1/2020</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>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>2.91</b>		Qtrly BIMS score: <b>28.2%</b>	<b>1.0%</b>	Quarterly Medicaid CMI: <b>1.6099</b>					<b>1.5138</b>	
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.6406</b>					<b>1.5405</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	\$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									
8	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		<u>1.1433</u>								
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 = <u>13.37%</u>	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				<u>1.6406</u>						
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.19								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.28	\$93.19	\$0.00	\$18.26	\$26.18	\$0.00	\$22.24	\$3.50	\$7.56	\$1.35
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Actwl) x .75, up to max. of 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.93	\$0.93								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.80	\$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	\$21.95	\$4.26	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$194.23</b>	<b>\$97.45</b>	<b>\$0.00</b>	<b>\$18.48</b>	<b>\$26.18</b>	<b>\$0.00</b>	<b>\$39.71</b>	<b>\$3.50</b>	<b>\$7.56</b>	<b>\$1.35</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$132.85</b>									

Quarterly Case Mix Per Diem Calculation

Provider: Heart of Georgia Prvdr ID: 00141358A H/B ? : No		Case Mix Per Diem Rate Effective Date: 10/01/20 MDS & Nurse Hrs Data per Quarter Ending: 06/30/20		Add-on Data and Percentages Growth Allowance: N/A BIMS: 20.8% Nurse Hours per On-Site Day/Quality Incentive: 2.69			Facility Score N/A 13.37% 1.0% 3.0%		Case Mix Index (CMI) Data Base Period Overall CMI: 1.2133 Quarterly Medicaid CMI: 1.7926 Qrtrly Mcaid CMI w RUG Wght Options: 1.8282			Facility Specific 1.2133 1.7926 1.8282	State-wide 1.3617 1.5138 1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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								\$ 26,069			
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								33,100			
	Standard Per Diem (After CMA for Routine Srvc)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$13.41	\$0.15	
	<b>Allowed @ 95% of Std</b>		\$140.45	\$67.93		\$17.49	\$21.94		\$19.53		\$13.41	\$0.15	
	Growth Allowance 13.4%		\$16.97	\$9.08		\$2.34	\$2.93		\$2.61				
	CMA Allowed Per Diem (After Growth Allowance)		\$158.21	\$77.01		\$19.83	\$24.87		\$22.14	\$ 0.79	\$13.41	\$0.15	
	Quarterly Facility Case Mix Index for Medicaid Residents			<b>1.8282</b>							(FRV Rate)		
	Qrtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem			\$140.79									
	Quarterly Medicaid CMA Allowed Per Diem		\$221.99	\$140.79		\$19.83	\$24.87		\$22.14	\$0.79	\$13.41	\$0.15	
	<b>Quarterly Per Diem Add-On Amounts</b>												
	BIMS Add-on Per Diem = 1.0% x Routine Srvc)		\$1.41	\$1.41									
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$4.22	\$4.22									
	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>		\$244.72	\$146.43		\$19.83	\$24.87		\$39.24	\$0.79	\$13.41	\$0.15	
	<b>Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%</b>	\$170.71											

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: Heritage Healthcare -Forsyth, LLC</b> <b>Prvdr ID: 00141017A</b> Case Mix Per Diem Rate Effective Date: 10/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 06/30/20															
			Growth Allowance: N/A Qtrly BIMS score: 34.2% Nurse Hours per On-Site Day/Quality Incentive: 2.83				Add-on Percent: 13.37% 2.5% 3.0%				Base Period Overall CMI: 1.3861 Quarterly Medicaid CMI: 1.7317 Qtrly Mcaid CMI w RUG Wght Options: 1.7631		1.3617	1.5138	1.5405
<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%						
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
<b>Base Period Per Diem Allowed Amounts</b>															
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,583,363	\$1,946,823	\$0	\$323,156	\$284,356	\$217,553	\$503,832	\$173,285	\$134,358	\$0			
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$72,535)	(\$8,653)	\$0	\$0	(\$324)	(\$893)	(\$62,665)		(\$31,328)	\$31,328			
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,510,828	\$1,938,170	\$0	\$323,156	\$284,032	\$216,660	\$441,167	\$173,285	\$103,030	\$31,328			
8	Total Nursing Facility Days As Filed Days = 25,359	FY12 Audited C/R Days	25,359												
8	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		1.3861											
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, AllOhr = 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 = 13.37%	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		1.7631											
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.21											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOhr = Ln 16	\$182.30	\$110.21	\$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 - 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	\$2.76	\$2.76											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.31	\$3.31											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.70	\$6.60	\$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	\$207.00	\$116.81	\$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	\$142.43												

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>10/1/2020</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>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.26</b>		<b>25.9%</b>	<b>1.0%</b>	Quarterly Medicaid CMI: <b>1.6269</b>					<b>1.5138</b>	<b>1.5138</b>
				<b>3.26</b>	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.6577</b>					<b>1.6577</b>	<b>1.5405</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	\$4,985,099	\$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	FY12 Audited C/R Days	32,702									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,441	FY 18 GL-PL Ins Rpt Days								24,441		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$151.28	\$82.53	\$0.00	\$14.43	\$20.41	(with L&H)	\$19.16	\$7.09	\$6.32	\$1.34
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.4300</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.72								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$57.72	\$0.00	\$14.43	\$20.41		\$19.16	\$7.09	\$6.32	\$1.34
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$131.60	\$57.72	\$0.00	\$14.43	\$20.41		\$19.16	\$7.09	11.45 (FRV)	\$1.34
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$14.94	\$7.72	\$0.00	\$1.93	\$2.73	\$0.00	\$2.56	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$146.54	\$65.44	\$0.00	\$16.36	\$23.14	\$0.00	\$21.72	\$7.09	\$11.45	\$1.34
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.6577</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.48								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$189.58	\$108.48	\$0.00	\$16.36	\$23.14	\$0.00	\$21.72	\$7.09	\$11.45	\$1.34
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.08	\$1.08								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.25	\$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	\$22.96	\$4.86	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$212.54</b>	<b>\$113.34</b>	<b>\$0.00</b>	<b>\$16.58</b>	<b>\$23.55</b>	<b>\$0.00</b>	<b>\$39.19</b>	<b>\$7.09</b>	<b>\$11.45</b>	<b>\$1.34</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$146.58</b>									

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>10/1/2020</b>		Growth Allowance: <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>06/30/20</b>		Qtrly BIMS score: <b>48.5%</b>	<b>5.5%</b>	Quarterly Medicaid CMI: <b>1.5780</b>					<b>1.5138</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>1.6053</b>					<b>1.5405</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	\$4,953,065	\$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		\$4,928,149	\$2,698,086	\$0	\$540,262	\$316,196	\$272,627	\$611,773	\$112,121	\$352,616	\$24,468
8	Total Nursing Facility Days As Filed Days = 39,325	FY12 Audited C/R Days	39,325									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,775	FY 18 GL-PL Ins Rpt Days								39,775		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$125.29	\$68.61	\$0.00	\$13.74	\$14.97	(with L&H)	\$15.56	\$2.82	\$8.97	\$0.62
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		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 = 13.37%	Ln 14 x Grwth Allwnc %	\$12.72	\$6.80	\$0.00	\$1.84	\$2.00	\$0.00	\$2.08	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$118.31	\$57.63	\$0.00	\$15.58	\$16.97	\$0.00	\$17.64	\$2.82	\$7.05	\$0.62
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6053								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.51								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$153.19	\$92.51	\$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 - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.09	\$5.09								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.78	\$2.78								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.50	\$8.40	\$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	\$179.69	\$100.91	\$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	\$121.94									

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
Prvdr ID: <b>00142678A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</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>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		<b>45.1%</b>	<b>5.5%</b>	Quarterly Medicaid CMI: <b>1.7884</b>					<b>1.5138</b>	
				<b>3.46</b>	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.8218</b>					<b>1.5405</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	\$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										
8	Total Nursing Facility Days	As Filed Days = 21,510										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$134.17	\$69.79	\$0.00	\$14.67	\$17.09	(with L&H)	\$16.61	\$2.67	\$12.33	\$1.01
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.3183</u>								
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		<u>1.8218</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.34								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.97	\$109.34	\$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 ((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	\$6.01	\$6.01								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Sifng 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	\$205.89	\$119.16	\$0.00	\$16.85	\$19.78	\$0.00	\$36.30	\$2.67	\$10.12	\$1.01
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$141.59									

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

FINAL

Provider: <b>High Shoals 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>00212814A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.3425</b>					<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.22</b>		Qtrly BIMS score: <b>26.3%</b>	<b>1.0%</b>	Quarterly Medicaid CMI: <b>1.2961</b>					<b>1.5138</b>	
						Qtrly Mcaid CMI w RUG Wght Options: <b>1.3152</b>					<b>1.5405</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	\$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									
8	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.3425</u>								
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 = <u>13.37%</u>	Ln 14 x Grwth Allow %	\$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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.3152</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.62								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$195.96	\$106.62	\$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 (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 = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.07	\$1.07								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.20	\$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	\$21.37	\$4.27	\$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>\$217.33</b>	<b>\$110.89</b>	<b>\$0.00</b>	<b>\$20.87</b>	<b>\$26.18</b>	<b>\$0.00</b>	<b>\$40.41</b>	<b>\$2.92</b>	<b>\$15.49</b>	<b>\$0.57</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$150.17</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
				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%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%			50.0%		
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41			\$0.37		
	<b>Base Period Per 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	FY12 Audited C/R Days	22,914									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,824	FY 18 GL-PL Ins Rpt Days								23,824		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$134.61	\$68.41	\$0.00	\$13.90	\$18.02	(with L&H)	\$21.41	\$2.62	\$8.60	\$1.65
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2298								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.63								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.63	\$0.00	\$13.90	\$18.02		\$21.41	\$2.62	\$8.60	\$1.65
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$122.15	\$55.63	\$0.00	\$13.90	\$18.02		\$20.56	\$2.62	9.77 (FRV)	\$1.65
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Alwnc %	\$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		1.4104								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.95								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$162.49	\$88.95	\$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 (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	\$0.00	\$0.00
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.22	\$2.22								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Slfng 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	\$23.15	\$5.42	\$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	\$185.64	\$94.37	\$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	\$126.41									

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>10/1/2020</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>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.38</b>		Qtrly BIMS score: <b>41.0%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.9299</b>					<b>1.5138</b>	
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.9677</b>					<b>1.5405</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	\$3,416,686	\$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 Adjstmts	(\$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 Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$124.28	\$65.67	\$0.00	\$12.62	\$17.46	(with L&H)	\$19.95	\$0.97	\$7.09	\$0.52
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4500								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$45.29								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$45.29	\$0.00	\$12.62	\$17.46		\$19.95	\$0.97	\$7.09	\$0.52
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$103.39	\$45.29	\$0.00	\$12.62	\$17.46		\$19.95	\$0.97	6.58 (FRV)	\$0.52
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage =	Ln 14 x Growth Allownc %	\$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		1.9677								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.04								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$165.83	\$101.04	\$0.00	\$14.31	\$19.79	\$0.00	\$22.62	\$0.97	\$6.58	\$0.52
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem (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	\$2.53	\$2.53								
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	\$24.19	\$6.09	\$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	\$190.02	\$107.13	\$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	\$129.69									

Quarterly Case Mix Per Diem Rate Calculations

FINAL

Provider: Joe-Ann Burgin Nursing Center		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide		
Prvdr ID: 00141633A		Growth Allowance:		N/A	13.37%	Base Period Overall CMI:			1.2689	1.3617		
H/B ? : Yes		MDS & Nurse Hrs Data per Quarter Ending: 10/01/20		BIMS	2.5%	Quarterly Medicaid CMI:			1.1048	1.5138		
		Nurse Hours per On-Site Day/Quality Incentive: 06/30/20		3.05	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.1174	1.5405		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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	Hosp Based	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>Base Period Per Diem Allowed Amounts</b>											
	Net Historical Cost 2010	FY2010 CIR - 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										
	Inflated NHC/ Patient Days			78.75		23.40	17.17		19.31	24,337	4.38	0.29
	Base Period Facility CMI for all Residents			1.2689								
	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			1.1174								
	Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$78.62								
	Quarterly Medicaid CMA Allowed Per Diem		\$160.55	\$78.62		\$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)		\$1.97	1.97								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$2.36	2.36								
	Nursing Home Provider Fee		\$ 17.10						\$ 17.10			
	Total Quarterly Per Diem Add-On Amounts		\$22.96									
	<b>Quarterly Case Mix Based Per Diem Rate</b>		\$183.51	\$83.48		\$26.75	\$19.87		\$39.36	\$1.36	\$12.40	\$0.29
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%		\$124.81									

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

FINAL

Provider: Jonesboro Nurs. & Rehab Ctr.		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00531033A		Case Mix Per Diem Rate Effective Date: 10/1/2020		Growth Allowance: N/A		24.4%	13.37%	Base Period Overall CMI: 1.7250		1.7250		1.3617	
		MDS & Nurse Hrs Data per Quarter Ending: 06/30/20		Qtrly BIMS score: 3.99		2.0%	1.0%	Quarterly Medicaid CMI: 1.6313		1.6313		1.5138	
				Nurse Hours per On-Site Day/Quality Incentive: 3.99		2.0%	2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6608		1.6608		1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,954,862	\$3,427,719	\$0	\$718,503	\$260,899	\$401,350	\$974,956	\$162,252	\$1,009,183	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$69,443)	(\$110,724)	\$0	(\$1,901)	\$0	\$39,198	\$29,290		(\$110,344)	\$85,038	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,885,419	\$3,316,995	\$0	\$716,602	\$260,899	\$440,548	\$1,004,246	\$162,252	\$898,839	\$85,038	
8	Total Nursing Facility Days As Filed Days = 43,009	FY12 Audited C/R Days	43,009										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 43,852	FY 18 GL-PL, Ins Rpt Days								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		1.7250									
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 (FRV)	\$1.98	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$13.14	\$5.98	\$0.00	\$2.23	\$2.18	\$0.00	\$2.75	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$130.92	\$50.69	\$0.00	\$18.89	\$18.49	\$0.00	\$23.31	\$3.70	\$13.86	\$1.98	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6608									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$84.19									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$164.42	\$84.19	\$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	\$0.84	\$0.84									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.68	\$1.68									
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	\$20.78	\$3.05	\$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	\$185.20	\$87.24	\$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	\$126.08										

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	\$5,032,878	\$2,965,870	\$0	\$546,138	\$263,810	\$217,324	\$690,127	\$176,477	\$173,132	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$65,636)	\$0	\$0	\$0	\$0	(\$1,573)	(\$64,063)		(\$256)	\$256
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,967,242	\$2,965,870	\$0	\$546,138	\$263,810	\$215,751	\$626,064	\$176,477	\$172,876	\$256
8	Total Nursing Facility Days As Filed Days = 27,487	FY12 Audited C/R Days	27,487									
9	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		1.6211								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$131.42								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$217.71	\$131.42	\$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 ((Std - Awd) x .75, up to max, or 0)	(see Policy Manual)	\$0.41	\$0.00	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$7.23	\$7.23								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.94	\$3.94								
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	\$28.68	\$11.17	\$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	\$246.39	\$142.59	\$0.00	\$20.87	\$20.19	\$0.00	\$40.41	\$5.28	\$17.04	\$0.01
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$171.97									

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

FINAL

Provider: <b>Keysville Nursing Home and Rehab Ctr</b>		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>10/1/2020</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>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		<b>54.2%</b>	<b>5.5%</b>	Quarterly Medicaid CMI: <b>1.3393</b>					<b>1.5138</b>	
				<b>3.33</b>	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.3640</b>					<b>1.5405</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	\$2,873,358	\$1,321,717	\$0	\$334,354	\$174,953	\$327,425	\$331,928	\$7,637	\$375,344	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$13,288)	\$5,280	\$0	\$580	\$525	\$333	(\$20,791)		(\$21,389)	\$22,174
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,860,070	\$1,326,997	\$0	\$334,934	\$175,478	\$327,758	\$311,137	\$7,637	\$353,955	\$22,174
8	Total Nursing Facility Days	As Filed Days = 20,912										
8	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		<b>1.3131</b>								
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	\$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				<b>1.3640</b>						
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$74.73								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$153.62	\$74.73	\$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 (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 =	Ln 19 Col b x CPS Add-on	\$4.11	\$4.11								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$2.24	\$2.24								
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	\$6.88	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$178.19	\$81.61	\$0.00	\$18.38	\$26.18	\$0.00	\$34.34	\$3.03	\$13.59	\$1.06
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$120.82									

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

FINAL

Provider: Lafayette Nursing & Rehab Center		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: 00399737A		Case Mix Per Diem Rate Effective Date: 10/1/2020		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.4871					1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20		Nurse Hours per On-Site Day/Quality Incentive:		47.2%	5.5%	Quarterly Medicaid CMI: 1.5313					1.5138	
				0.00	2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5565					1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility 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	\$9,256,560	\$4,885,876	\$0	\$863,051	\$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	55,096									
	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		1.4871								
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 (FRV)	\$1.59
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allow %	\$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		1.5565								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.63								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$190.99	\$103.63	\$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 (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	\$0.00	\$0.00
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.70	\$5.70								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (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	\$26.03	\$8.30	\$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	\$217.02	\$111.93	\$0.00	\$18.30	\$19.72	\$0.00	\$40.41	\$8.60	\$16.47	\$1.59
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$149.94									

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

**FINAL**

Provider: <b>LaGrange 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>00270245A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance:	N/A	13.37%	Base Period Overall CMI:					1.4490	1.3617
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: 2.96		Qtrly BIMS score	23.7%	1.0%	Quarterly Medicaid CMI:					1.4300	1.5138
					2.96	2.0%	Qtrly Mcaid CMI w RUG Wght Options:					1.4563	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			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	\$7,142,325	\$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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<b>1.4490</b>									
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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.4563</b>									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$74.45									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$134.53	\$74.45	\$0.00	\$14.95	\$15.09	\$0.00	\$19.72	\$0.74	\$8.93	\$0.65	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <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>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.49	\$1.49									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.86	\$2.76	\$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>\$155.39</b>	<b>\$77.21</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>\$103.72</b>										

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

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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>10/1/2020</b>		Growth Allowance: <b>N/A</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>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>2.99</b>		Qtrly BIMS score: <b>46.5%</b>	<b>5.5%</b>	Quarterly Medicaid CMI: <b>1.5603</b>					<b>1.5138</b>	
				Qtrly Mcaid CMI w RUG Wght Options: <b>2.99</b>	<b>3.0%</b>						<b>1.5896</b>	<b>1.5405</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	\$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 Adjstms	(\$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										
8	Total Nursing Facility Days	As Filed Days = 83,030										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$142.35	\$75.41	\$0.00	\$14.62	\$15.03	(with L&H)	\$15.53	\$3.03	\$17.77	\$0.96
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.6589								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$45.46								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$45.46	\$0.00	\$14.62	\$15.03		\$15.53	\$3.03	\$17.77	\$0.96
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$103.43	\$45.46	\$0.00	\$14.62	\$15.03		\$15.53	\$3.03	8.80	\$0.96
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	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		1.5896								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$81.93								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$145.94	\$81.93	\$0.00	\$16.57	\$17.04	\$0.00	\$17.61	\$3.03	\$8.80	\$0.96
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Sind - 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	\$4.51	\$4.51								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.46	\$2.46								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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	\$171.54	\$89.43	\$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	\$115.83									

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>10/1/2020</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>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score: <b>48.3%</b>	<b>5.5%</b>	Quarterly Medicaid CMI: <b>1.2980</b>					<b>1.2980</b>	<b>1.5138</b>
				3.08	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.3221</b>					<b>1.3221</b>	<b>1.5405</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	\$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 Adjtrmts	(\$43,092)	\$11,954	\$0	\$0	\$0	\$0	(\$42,257)		(\$45,745)	\$32,956
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,319,525	\$1,909,990	\$0	\$505,765	\$238,011	\$392,873	\$442,549	\$136,164	\$661,217	\$32,956
8	Total Nursing Facility Days	As Filed Days = 33,667	FY12 Audited C/R Days	33,667								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 33,694	FY 18 GL-PL Ins Rpt Days							33,694		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$128.29	\$56.73	\$0.00	\$15.02	\$18.74	(with L&H)	\$13.14	\$4.04	\$19.64	\$0.98
10	Base Period Facility <u>Case Mix Index</u> 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
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Growth Allow %	\$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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.3221</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$66.24								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$134.45	\$66.24	\$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 (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>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.64	\$3.64								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Sifng 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	\$24.26	\$6.16	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$158.71</b>	<b>\$72.40</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>\$106.21</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
Prvdr ID: <b>00141732A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</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>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>5.86</b>		Qtrly BIMS score: <b>33.3%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.2245</b>					<b>1.5138</b>	
					<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.2429</b>					<b>1.5405</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> Type of Facility 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	\$3,392,306	\$1,645,551	\$0	\$668,626	\$203,496	\$229,802	\$426,540	\$95,143	\$123,148	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$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	21,442									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,646								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	\$0.20
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage =	Ln 14 x Growth Allownc %	\$17.98	\$9.15	\$0.00	\$3.90	\$2.63	\$0.00	\$2.30	N/A	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		1.2429								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.41								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$209.89	\$96.41	\$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 (Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem =	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 Slfng Add-on	\$1.93	\$1.93								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.75	\$4.87	\$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	\$232.64	\$101.28	\$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	\$161.66									

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>Provider: Legacy Nursing Home</b> <b>Prvdr ID: 00141831A</b> Case Mix Per Diem Rate Effective Date: 10/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 06/30/20												
			<u>Add-on Data and Percentages</u>			Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
				Growth Allowance: N/A	13.37%		Base Period Overall CMI: 1.3485				1.3617	
				Qtrly BIMS score 34.9%	2.5%		Quarterly Medicaid CMI: 1.3947				1.5138	
				Nurse Hours per On-Site Day/Quality Incentive: 2.51	3.0%		Qtrly Mcaid CMI w RUG Wght Options: 1.4176				1.5405	
<b><u>CASE MIX BASED RATE CALCULATIONS</u></b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$10,602,496	\$4,828,687	\$0	\$919,823	\$593,480	\$585,549	\$1,993,378	\$239,085	\$1,442,494	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$1,188,497)	(\$483,423)	\$0	(\$34,284)	(\$12,529)	\$39,316	(\$777,786)		(\$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 Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 62,971 As Filed Days = 63,434	62,958									
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	<i>(with L&amp;H)</i>	\$19.31	\$3.77	\$20.23	\$3.96
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<b>1.3485</b>								
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 <i>(FRV)</i>	\$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		<b>1.4176</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.25								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$159.09	\$82.25	\$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 ((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	\$2.06	\$2.06								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$2.47	\$2.47								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.16	\$5.06	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$182.25</b>	<b>\$87.31</b>	<b>\$0.00</b>	<b>\$16.17</b>	<b>\$22.12</b>	<b>\$0.00</b>	<b>\$39.36</b>	<b>\$3.77</b>	<b>\$9.56</b>	<b>\$3.96</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$123.86</b>									

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		
<p>Provider: <b>Legacy Nursing Home</b>                      Prvdr ID: <b>00415522A</b>                      H/B ? : No      Case Mix Per Diem Rate Effective Date: <b>10/01/20</b>                      MDS &amp; Nurse Hrs Data per Quarter Ending: <b>06/30/20</b></p>														
				<p><u>Add-on Data and Percentages</u>                      Growth Allowance: N/A                      BIMS: 47.4%                      Nurse Hours per On-Site Day/Quality Incentive: 4.63</p>			<p>Facility Score: N/A                      Add-on Percent: 13.37%                      5.5%                      3.0%</p>		<p><u>Case Mix Index (CMI) Data</u>                      Base Period Overall CMI: 1.2012                      Quarterly Medicaid CMI: 1.3872                      Qtrly Mcaid CMI w RUG Wght Options: 1.4140</p>			<p>Facility Specific: 1.2012                      1.3872                      1.4140</p>		<p>State-wide: 1.3617                      1.4961                      1.5223</p>
<b>CASE MIX BASED RATE CALCULATIONS</b>														
<b>Cost Center Peer Groups per Selected Options</b>														
Type of Facility within Peer Group														
Bed Size Range within Peer Group														
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>														
Peer Group Standards: Percentile														
Peer Group Standards: Multiplier														
Efficiency Measures (Maximums)														
<b>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)														
Allowed @ 95% of Std														
Growth Allowance 13.4%														
CMA Allowed Per Diem (After Growth Allowance)														
Quarterly Facility Case Mix Index for Medicaid Residents														
Qrtly Routine 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 = 5.5% to Routine Srvc)														
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%														
Nursing Home Provider Fee														
<b>Total Quarterly Per Diem Add-On Amounts</b>														
<b>Quarterly Case Mix Based Per Diem Rate</b>														
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%														

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

FINAL

Provider: Lee County Health Care		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: 00712665A		Case Mix Per Diem Rate Effective Date: 10/1/2020		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.3504					1.3504	1.3617
		MDS & Nurse Hrs Data per Quarter Ending: 06/30/20		Qtrly BIMS score: 35.0%	2.5%	Quarterly Medicaid CMI: 1.5650					1.5650	1.5138
				Nurse Hours per On-Site Day/Quality Incentive: 3.87	2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5930					1.5930	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility 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%	65.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,014,201	\$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									
8	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		1.5930								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.92								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$170.91	\$92.92	\$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 = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.32	\$2.32								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stng 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	\$22.81	\$4.71	\$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	\$193.72	\$97.63	\$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	\$132.47									

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

FINAL

Provider: Life Care Center of Gwinnett		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: 00370873A		Case Mix Per Diem Rate Effective Date: 10/1/2020		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.4103					1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20		Nurse Hours per On-Site Day/Quality Incentive: 3.79		Qtrly BIMS score: 22.7%	1.0%	Quarterly Medicaid CMI: 1.3405					1.5138	
					3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.3594					1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility 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	\$8,665,068	\$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 Adjstmnts	(\$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		1.4103								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.67								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$65.67	\$0.00	\$16.62	\$16.69		\$21.90	\$2.96	\$6.03	\$1.27
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$134.10	\$65.67	\$0.00	\$16.62	\$16.69		\$20.56	\$2.96	10.33 (FRV)	\$1.27
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage =	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		1.3594								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.21								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$176.84	\$101.21	\$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 - 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	BIMS Add-on Per Diem =	Ln 19 Col b x CPS Add-on	\$1.01	\$1.01								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$3.04	\$3.04								
23	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	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$199.15	\$105.79	\$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	\$136.54									

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	\$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	FY12 Audited C/R Days		42,756								
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,867	FY 18 GL-PL Ins Rpt Days								30,867		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$194.72	\$103.12	\$0.00	\$18.93	\$20.16	(with L&H)	\$31.86	\$3.21	\$14.63	\$2.81
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5316								
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 = 13.37%	Ln 14 x Grwth Allownc %	\$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				1.3479						
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	\$193.67	\$102.89	\$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 ((SInd - 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 = 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	\$22.16	\$4.65	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$215.83	\$107.54	\$0.00	\$20.87	\$23.27	\$0.00	\$40.41	\$3.21	\$17.72	\$2.81
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$149.05									

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

FINAL

Provider: <b>Life Care 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>00140665A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance:	N/A	13.37%	Base Period Overall CMI:					1.3801	1.3617
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	30.8%	2.5%	Quarterly Medicaid CMI:					1.3214	1.5138
					3.11	3.0%	Qtrly Mcaid CMI w RUG Wght Options:					1.3428	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			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	\$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								40,869			
10	Base Period Facility Case Mix Index for All Residents	Ln 7 / Ln 8 Col a	\$106.92	\$48.11	\$0.00	\$11.49	\$15.69	(with L&H)	\$14.89	\$0.85	\$14.18	\$1.71	
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	from 4 qtrs of FY12		\$34.86									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	Ln 9 / Ln 10		\$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)	RS = Ln 11, AllOthr = 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	\$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>	Lesser of Ln 12 or Ln 13									(FRV)		
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allownc %	\$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		\$53.07									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$53.07									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$116.54	\$53.07	\$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 (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	\$1.33	\$1.33									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.59	\$1.59									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.55	\$3.45	\$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	\$138.09	\$56.52	\$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	\$90.74										
27	<b>Minimum Quarterly Case Mix Based Per Diem Rate</b>		\$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>Lillian G. Carter 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>00142524A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.3539</b>					<b>1.3539</b>	<b>1.3617</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.49</b>		Qtrly BIMS score: <b>52.6%</b>	<b>5.5%</b>	Quarterly Medicaid CMI: <b>1.6740</b>					<b>1.6740</b>	<b>1.5138</b>
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.7063</b>					<b>1.7063</b>	<b>1.5405</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	\$4,412,648	\$2,291,688	\$0	\$446,145	\$289,968	\$320,244	\$566,488	\$95,759	\$402,356	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$22,722)	\$0	\$0	\$0	\$0	\$0	(\$22,722)		(\$27,757)	\$27,757
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,389,926	\$2,291,688	\$0	\$446,145	\$289,968	\$320,244	\$543,766	\$95,759	\$374,599	\$27,757
8	Total Nursing Facility Days As Filed Days = 34,425	FY12 Audited C/R Days	34,425									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,869	FY 18 GL-PL Ins Rpt Days								33,869		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$127.58	\$66.57	\$0.00	\$12.96	\$17.73	(with L&H)	\$15.80	\$2.83	\$10.88	\$0.81
10	Base Period Facility <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 Gwth 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>1.7063</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.11								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$160.00	\$95.11	\$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 - 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	\$5.23	\$5.23								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Sflng Add-on	\$2.85	\$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	\$26.71	\$8.61	\$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>\$186.71</b>	<b>\$103.72</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>\$127.21</b>									

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

FINAL

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>10/1/2020</b>		Growth Allowance: <b>N/A</b>		<b>13.37%</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.7031</b>		<b>1.7031</b>		<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>2.87</b>		Qtrly BIMS score: <b>40.6%</b>		<b>2.5%</b>	<b>3.0%</b>	Quarterly Medicaid CMI: <b>1.5440</b>		<b>1.5440</b>		<b>1.5138</b>	
				Qtrly Mcaid CMI w RUG Wght Options: <b>1.5704</b>				<b>1.5704</b>		<b>1.5405</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	\$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										
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,722	FY 18 GL-PL Ins Rpt Days								25,722			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$138.72	\$67.38	\$0.00	\$14.88	\$16.52	(with L&H)	\$17.91	\$1.30	\$20.09	\$0.64	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.7031									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$39.56									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$39.56	\$0.00	\$14.88	\$16.52		\$17.91	\$1.30	\$20.09	\$0.64	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$99.56	\$39.56	\$0.00	\$14.88	\$16.52		\$17.91	\$1.30	8.75 (FRV)	\$0.64	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth 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 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		\$70.43									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$137.02	\$70.43	\$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 - 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	\$1.76	\$1.76									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Strng 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	\$22.50	\$4.40	\$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	\$159.52	\$74.83	\$0.00	\$17.09	\$19.14	\$0.00	\$37.77	\$1.30	\$8.75	\$0.64	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$106.82										

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

FINAL

Provider: Lynn Haven Health & Rehab		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: 00083036A		Case Mix Per Diem Rate Effective Date: 10/1/2020		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.3693					1.3617	
		MDS & Nurse Hrs Data per Quarter Ending: 06/30/20		Qtrly BIMS score: 47.8%	5.5%	Quarterly Medicaid CMI: 1.4823					1.5138	
				Nurse Hours per On-Site Day/Quality Incentive: 3.36	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5082					1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,435,046	\$3,026,757	\$0	\$546,044	\$261,626	\$409,810	\$685,345	\$99,353	\$406,111	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$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									
9	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		1.3693								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.70								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$64.70	\$0.00	\$15.98	\$19.66		\$19.39	\$3.23	\$10.91	\$0.98
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$135.98	\$64.70	\$0.00	\$15.98	\$19.66		\$19.39	\$3.23	12.04 (FRV)	\$0.98
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$16.01	\$8.65	\$0.00	\$2.14	\$2.63	\$0.00	\$2.59	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$151.99	\$73.35	\$0.00	\$18.12	\$22.29	\$0.00	\$21.98	\$3.23	\$12.04	\$0.98
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5082								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.63								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$189.27	\$110.63	\$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 ((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	\$6.08	\$6.08								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.32	\$3.32								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.03	\$9.93	\$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	\$217.30	\$120.56	\$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	\$150.15									

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>10/1/2020</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>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score: <b>56.6%</b>	<b>5.5%</b>	Quarterly Medicaid CMI: <b>1.4727</b>					<b>1.5138</b>	
					<b>3.58</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.5023</b>					<b>1.5405</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	\$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 Adjstms	(\$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 Adjstml to Routine Svcs	Ln 7 / Ln 8 Col a	\$137.78	\$72.78	\$0.00	\$18.81	\$26.62	(with L&H)	\$14.32	\$3.46	\$0.18	\$1.61
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3682								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.20								
12	Net Per Diems after Case Mix Adjstml 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 Altwnc %	\$14.57	\$7.11	\$0.00	\$2.46	\$3.09	\$0.00	\$1.91	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$138.42	\$60.31	\$0.00	\$20.87	\$26.18	\$0.00	\$16.23	\$3.46	\$9.76	\$1.61
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5023								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.60								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$168.71	\$90.60	\$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 (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 =	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 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	\$25.70	\$8.23	\$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	\$194.41	\$98.83	\$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	\$132.98									

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>10/1/2020</b>		Growth Allowance: <b>N/A</b>		<b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.5222</b>			<b>1.3617</b>		
		MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Qtrly BIMS score: <b>20.2%</b>		<b>20.2%</b>	<b>1.0%</b>	Quarterly Medicaid CMI: <b>1.7374</b>			<b>1.5138</b>		
				Nurse Hours per On-Site Day/Quality Incentive: <b>4.71</b>		<b>4.71</b>	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.7722</b>			<b>1.5405</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	\$8,445,631	\$4,210,720	\$0	\$923,674	\$455,337	\$590,787	\$1,363,102	\$159,986	\$742,025	\$0	
6	Audit Adjustments and Realocations 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										
9	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	\$0.44	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allownc %	\$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		1.7722									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.40									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$186.09	\$106.40	\$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 ((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	\$1.06	\$1.06									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.19	\$3.19									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.51	\$4.78	\$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	\$208.60	\$111.18	\$0.00	\$20.30	\$23.21	\$0.00	\$40.41	\$3.34	\$9.72	\$0.44	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$143.63										

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 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	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	\$6,258,109	\$3,172,069	\$0	\$736,455	\$305,859	\$560,778	\$768,365	\$126,895	\$587,688	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$75,758)	\$0	\$0	\$0	\$10,846	\$19,885	(\$127,327)		(\$12,052)	\$32,890	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,182,351	\$3,172,069	\$0	\$736,455	\$316,705	\$580,663	\$641,038	\$126,895	\$575,636	\$32,890	
8	Total Nursing Facility Days As Filed Days = 45,728	FY12 Audited C/R Days	45,728										
8	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 43,833	FY 18 GL-PL Ins Rpt Days								43,833			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$135.32	\$69.37	\$0.00	\$16.11	\$19.62	(with L&H)	\$14.02	\$2.89	\$12.59	\$0.72	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3234									
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 = 13.37%	Ln 14 x Grwth Allwnc %	\$13.65	\$7.01	\$0.00	\$2.15	\$2.62	\$0.00	\$1.87	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$129.88	\$59.43	\$0.00	\$18.26	\$22.24	\$0.00	\$15.89	\$2.89	\$10.45	\$0.72	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6149									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.97									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$166.42	\$95.97	\$0.00	\$18.26	\$22.24	\$0.00	\$15.89	\$2.89	\$10.45	\$0.72	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Std - 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	\$5.28	\$5.28									
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	\$25.83	\$7.73	\$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	\$192.25	\$103.70	\$0.00	\$18.48	\$22.65	\$0.00	\$33.36	\$2.89	\$10.45	\$0.72	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$131.36										

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

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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>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.2265</b>					<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>4.33</b>		Qtrly BIMS score: <b>37.5%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.6233</b>					<b>1.5138</b>	
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.6559</b>					<b>1.5405</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	\$2,708,581	\$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 Adjstmts	(\$2,647)	\$0	\$0	\$0	\$0	(\$174)	(\$51,087)		\$39,676	\$8,938
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,705,934	\$1,357,104	\$0	\$318,446	\$194,801	\$328,710	\$344,916	\$54,698	\$98,321	\$8,938
8	Total Nursing Facility Days As Filed Days = 21,445	FY12 Audited C/R Days	21,445									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,966	FY 18 GL-PL Ins Rpt Days								21,966		
9	Net Per Diems prior to Case Mix 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		1.2265								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$51.59								
12	Net Per Diems after Case Mix 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 = 13.37%	Ln 14 x Grwth Allwnc %	\$14.13	\$6.90	\$0.00	\$1.99	\$3.09	\$0.00	\$2.15	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$152.99	\$58.49	\$0.00	\$16.84	\$26.18	\$0.00	\$18.23	\$2.49	\$30.34	\$0.42
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6559								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.85								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$191.35	\$96.85	\$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 ((Sind - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.42	\$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	\$23.55	\$5.86	\$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	\$214.90	\$102.71	\$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	\$148.35									

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	\$6,181,049	\$3,112,621	\$0	\$641,999	\$319,487	\$328,576	\$899,748	\$96,061	\$782,557	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$91,675)	\$0	\$0	\$0	\$0	\$0	(\$95,911)		(\$143,080)	\$147,316
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,089,374	\$3,112,621	\$0	\$641,999	\$319,487	\$328,576	\$803,837	\$96,061	\$639,477	\$147,316
8	Total Nursing Facility Days As Filed Days = 40,531	FY12 Audited C/R Days	40,531									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,015	FY 18 GL-PL Ins Rpt Days								36,015		
9	Net Per Diems prior to Case Mix 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		1.2961								
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 (FRV)	\$3.63
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allownc %	\$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		1.7085								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.76								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.85	\$114.76	\$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 ((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	\$6.31	\$6.31								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.44	\$3.44								
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	\$28.38	\$10.28	\$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	\$217.23	\$125.04	\$0.00	\$18.18	\$18.54	\$0.00	\$39.95	\$2.67	\$9.22	\$3.63
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$150.10									

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

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Provider: <b>Magnolia Manor Methodist Nursing Care</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: <b>00040785A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.3316</b>					<b>1.3617</b>	<b>1.3617</b>
		MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Qtrly BIMS score: <b>52.8%</b>	<b>5.5%</b>	Quarterly Medicaid CMI: <b>1.6950</b>					<b>1.5138</b>	<b>1.5138</b>
				Nurse Hours per On-Site Day/Quality Incentive: <b>5.33</b>	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.7286</b>					<b>1.7286</b>	<b>1.5405</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	\$9,064,693	\$5,146,324	\$0	\$992,512	\$721,208	\$562,732	\$1,200,525	\$189,134	\$252,258	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$247,316)	(\$7,001)	\$0	\$0	\$0	(\$374)	(\$171,270)		(\$105,784)	\$37,113
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,817,377	\$5,139,323	\$0	\$992,512	\$721,208	\$562,358	\$1,029,255	\$189,134	\$146,474	\$37,113
8	Total Nursing Facility Days	As Filed Days = 69,699	69,699									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 63,134								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	\$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		1.7286								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.52								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.56	\$108.52	\$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 (Stnd - Atwd) x .75, up to max, or D)	(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	\$5.97	\$5.97								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Sifng Add-on	\$3.26	\$3.26								
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	\$10.76	\$9.76	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$195.32</b>	<b>\$118.28</b>	<b>\$0.00</b>	<b>\$16.36</b>	<b>\$21.29</b>	<b>\$0.00</b>	<b>\$17.11</b>	<b>\$3.00</b>	<b>\$18.75</b>	<b>\$0.53</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$146.49</b>									

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

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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>10/1/2020</b>		Growth Allowance: <b>N/A</b>		<b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.6382</b>				<b>1.3617</b>	<b>1.3617</b>
		MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Qtrly BIMS score: <b>5.4%</b>		<b>5.4%</b>	<b>0.0%</b>	Quarterly Medicaid CMI: <b>1.0652</b>				<b>1.5138</b>	<b>1.5138</b>
		Nurse Hours per On-Site Day/Quality Incentive:		<b>0.00</b>		<b>0.00</b>	<b>1.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.0765</b>				<b>1.0765</b>	<b>1.5405</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	\$8,342,490	\$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											
	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&I)	\$28.95	\$15.50	\$19.89	\$1.57	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.6382									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.52									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$66.52	\$0.00	\$19.30	\$15.61		\$28.95	\$15.50	\$19.89	\$1.57	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$150.02	\$66.52	\$0.00	\$18.41	\$15.61		\$20.56	\$15.50	11.85 (FRV)	\$1.57	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage =	Ln 14 x Grwth Allownc %	\$16.19	\$8.89	\$0.00	\$2.46	\$2.09	\$0.00	\$2.75	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$166.21	\$75.41	\$0.00	\$20.87	\$17.70	\$0.00	\$23.31	\$15.50	\$11.85	\$1.57	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.0765									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$81.18									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 15	\$171.98	\$81.18	\$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 (Std - 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 =	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	\$0.81	\$0.81									
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	\$18.85	\$1.34	\$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	\$190.83	\$82.52	\$0.00	\$20.87	\$18.11	\$0.00	\$40.41	\$15.50	\$11.85	\$1.57	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$130.30										

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

FINAL

Provider: Manor Care Rehab Ctr of Decatur		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00159266A		Case Mix Per Diem Rate Effective Date: 10/1/2020		Growth Allowance: N/A		N/A	13.37%	Base Period Overall CMI: 1.6688				1.3617	
		MDS & Nurse Hrs Data per Quarter Ending: 06/30/20		Qtrly BIMS score: 28.6%		28.6%	1.0%	Quarterly Medicaid CMI: 1.2206				1.5138	
				Nurse Hours per On-Site Day/Quality Incentive: 0.00		0.00	0.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.2386				1.5405	
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	\$8,625,627	\$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 Adjstmts	(\$295,438)	(\$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 Case Mix Index for All Residents	from 4 qtrs of FY12		1.6688									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.04									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$59.04	\$0.00	\$18.58	\$16.91		\$29.15	\$3.94	\$15.64	\$1.54	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$132.15	\$59.04	\$0.00	\$18.41	\$16.91		\$20.56	\$3.94	11.75 (FRV)	\$1.54	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage =	Ln 14 x Growth Allownc %	\$15.36	\$7.89	\$0.00	\$2.46	\$2.26	\$0.00	\$2.75	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$147.51	\$66.93	\$0.00	\$20.87	\$19.17	\$0.00	\$23.31	\$3.94	\$11.75	\$1.54	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2386									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.90									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$163.48	\$82.90	\$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 - 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	\$0.83	\$0.83									
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	\$18.87	\$1.36	\$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	\$182.35	\$84.26	\$0.00	\$20.87	\$19.58	\$0.00	\$40.41	\$3.94	\$11.75	\$1.54	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$123.94										

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
Prvd ID: <b>00534619A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.2349</b>					<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>4.08</b>		Qtrly BIMS score: <b>41.9%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.7026</b>					<b>1.5138</b>	
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.7343</b>					<b>1.5405</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 Adjstmts	(\$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	25,532									
8	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 25,703								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 (FRV)	\$1.67
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage =	Ln 14 x Grwth Allownc %	\$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		1.7343								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.26								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$207.88	\$121.26	\$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 =	Ln 19 Col b x CPS Add-on	\$3.03	\$3.03								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Slfng Add-on	\$3.64	\$3.64								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.71	\$7.20	\$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	\$232.59	\$128.46	\$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	\$161.62									

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

FINAL

Provider: <b>McRae Manor Nursing Home</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Pvdr ID: <b>00141853A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.1896</b>					<b>1.1896</b>	<b>1.3617</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.63</b>		Qtrly BIMS score: <b>30.1%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.4042</b>					<b>1.4042</b>	<b>1.5138</b>
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.4303</b>					<b>1.4303</b>	<b>1.5405</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	\$5,454,848	\$3,010,284	\$0	\$743,007	\$470,789	\$341,250	\$631,741	\$208,660	\$49,117	\$0
6	Audit Adjustments and Realocations 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	FY12 Audited C/R Days	45,488									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,423	FY 18 GL-PL Ins Rpt Days								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 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		\$55.50								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.50	\$0.00	\$16.33	\$17.85		\$11.50	\$5.16	\$0.37	\$0.71
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$115.95	\$55.50	\$0.00	\$16.33	\$17.85		\$11.50	\$5.16	8.90 (FRV)	\$0.71
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$13.53	\$7.42	\$0.00	\$2.18	\$2.39	\$0.00	\$1.54	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$129.48	\$62.92	\$0.00	\$18.51	\$20.24	\$0.00	\$13.04	\$5.16	\$8.90	\$0.71
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4303								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.99								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$156.55	\$89.99	\$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 ((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	\$2.25	\$2.25								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.70	\$2.70								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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	\$180.13	\$95.47	\$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	\$122.27									

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

FINAL

Provider: <b>Meadowbrook Healthcare</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: <b>00141864A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.5049</b>					<b>1.5049</b>	<b>1.3617</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>2.38</b>		Qtrly BIMS score: <b>65.0%</b>	<b>5.5%</b>	Quarterly Medicaid CMI: <b>1.9493</b>					<b>1.9493</b>	<b>1.5138</b>
					<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.9870</b>					<b>1.9870</b>	<b>1.5405</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	\$7,268,382	\$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 Adjstmnts	(\$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		1.9870								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.03								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$182.83	\$106.03	\$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 ([SInd - Ahdw] 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	\$5.83	\$5.83								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.12	\$2.12								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.52	\$8.48	\$0.00	\$0.22	\$0.41	\$0.00	\$17.41	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$209.35	\$114.51	\$0.00	\$16.10	\$21.36	\$0.00	\$40.25	\$0.96	\$14.07	\$2.10
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$144.19									

Quarterly Case Mix Per Diem Calculation

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>Provider: Meadow Park H&amp;R</b> <b>Prvdr ID: 003167911A</b> <b>H/B?: No</b> <b>Case Mix Per Diem Rate Effective Date: 10/01/20</b> <b>MDS &amp; Nurse Hrs Data per Quarter Ending: 06/30/20</b> <b>Nurse Hours per On-Site Day/Quality Incentive: 4.06</b>													
				<b>Add-on Data and Percentages</b> Growth Allowance: N/A BIMS: 28.3%		Facility Score: N/A	Add-on Percent: 13.37% 1.0% 2.0%	<b>Case Mix Index (CMI) Data</b> Base Period Overall CMI: Quarterly Medicaid CMI: Qtrly Mcaid CMI w RUG Wght Options:			Facility Specific Use Stwd: 1.7352 1.7677	State-wide: 1.3617 1.5138 1.5405	
<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 Srvcs) Allowed @ 95% of Std Growth Allowance 13.4% CMA Allowed Per Diem (After Growth Allowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 1.0% o Routine Srvcs) Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts	FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt FY 2012 Peer Group Limit		1 All Facilities All Bed Sizes  90.0% 100.0% \$0.53	1 All Facilities All Bed Sizes  90.0% 100.0% \$0.00	2 Freestanding All Bed Sizes  90.0% 100.0% \$0.22	1 All Facilities All Bed Sizes  85.0% 100.0% \$0.41	1 All Facilities All Bed Sizes  50.0% 105.0% \$0.37		\$ 71,803 26,195		\$30.58 \$30.58 \$30.58 (FRV Rate) \$30.58	\$6.74 \$6.74 \$6.74 \$6.74
	Total Quarterly Per Diem Add-On Amounts Quarterly Case Mix Based Per Diem Rate Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%		\$164.21 \$16.97 \$183.92  \$243.04 \$21.18 \$264.22	\$71.51 \$67.93 \$77.01 \$136.13 \$1.36 \$2.72 \$17.10 \$21.18 \$140.22		\$18.41 \$17.49 \$19.83 \$19.83	\$23.09 \$21.94 \$24.87 \$24.87		\$20.56 \$19.53 \$22.14 \$22.14 17.10 \$39.24	\$2.74 \$2.74	\$30.58 \$30.58	\$6.74 \$6.74	
		\$185.34											

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

FINAL

Provider: <b>Medical Management H &amp; R</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: <b>00141941A</b>		Case Mix Per Diem Rate Effective Date: <b>10/01/20</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.4091</b>					<b>1.4091</b>	<b>1.3699</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>2.73</b>		Qtrly BIMS score: <b>33.3%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.4557</b>					<b>1.4557</b>	<b>1.5138</b>
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.4833</b>					<b>1.4833</b>	<b>1.5405</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 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		1.4833								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$56.56								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$109.22	\$56.56	\$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 ((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	\$1.41	\$1.41								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (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	\$21.74	\$3.64	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$130.96	\$60.20	\$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	\$85.40									
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 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>10/01/20</b> MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>			<u>Add-on Data and Percentages</u> Growth Allowance:      Facility Score:      Add-on Percent:      BIMS:      Nurse Hours per On-Site Day/Quality Incentive:			<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI:      Facility Specific:      State-wide:      Quarterly Medicaid CMI:      2.1445      1.5138      Qtrly Mcaid CMI w RUG Wght Options:      2.1856      1.5405						
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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									\$ 38,601		
	Total Nursing Facility Days GL-PL Ins. Rpt									18,105		
	Standard Per Diem (After CMA for Routine Srvc)										\$21.44	\$0.29
	Allowed @ 95% of Std										\$21.44	\$0.29
	Growth Allowance 13.4%			\$158.82	\$67.93	\$27.69	\$21.94		\$19.53			
	CMA Allowed Per Diem (After Growth Allowance)			\$18.33	\$9.08	\$3.70	\$2.93		\$2.61			
	Quarterly Facility Case Mix Index for Medicaid Residents			\$179.88	\$77.01	\$31.39	\$24.87		\$22.14	\$ 2.73	\$21.44	\$0.29
	Qrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem				<b>2.1856</b>						(FRV Rate)	
	Quarterly Medicaid CMA Allowed Per Diem			\$271.18	\$168.32	\$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)			\$9.26	\$9.26							
	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%			\$3.37	\$3.37							
	Nursing Home Provider Fee			\$17.10					17.10			
	<b>Total Quarterly Per Diem Add-On Amounts</b>			\$29.72								
	<b>Quarterly Case Mix Based Per Diem Rate</b>			<b>\$300.91</b>	<b>\$180.94</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%			\$212.86								

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

FINAL

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>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.1439</b>					<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.84</b>		Qtrly BIMS score: <b>59.5%</b>	<b>5.5%</b>	Quarterly Medicaid CMI: <b>1.7649</b>					<b>1.5138</b>	
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.7976</b>					<b>1.5405</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 Adjstmts	(\$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										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 30,012								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	\$0.87
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$12.14	\$6.34	\$0.00	\$1.93	\$1.92	\$0.00	\$1.95	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$115.34	\$53.78	\$0.00	\$16.35	\$16.29	\$0.00	\$16.53	\$1.63	\$9.89	\$0.87
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7976								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.67								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$158.23	\$96.67	\$0.00	\$16.35	\$16.29	\$0.00	\$16.53	\$1.63	\$9.89	\$0.87
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem (Std - 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 = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.32	\$5.32								
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	\$26.85	\$8.75	\$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	\$185.08	\$105.42	\$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	\$125.99									

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

FINAL

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>10/1/2020</b>		Growth Allowance: <b>N/A</b>		<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>06/30/20</b>		Qtrly BIMS score: <b>37.1%</b>		<b>37.1%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.3495</b>				<b>1.5138</b>	
				Nurse Hours per On-Site Day/Quality Incentive: <b>4.42</b>		<b>4.42</b>	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.3697</b>				<b>1.5405</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		1.3697									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$85.78									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$179.62	\$85.78	\$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 ((Stdnd - Alwtd) 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 = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.14	\$2.14									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.57	\$2.57									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.34	\$5.24	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$201.96	\$91.02	\$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	\$138.65										

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: Montezuma Health &amp; Rehab</b>												
<b>Prvdr ID: 00142062A</b>												
Case Mix Per Diem Rate Effective Date: 10/1/2020			Growth Allowance: N/A				Base Period Overall CMI: 1.2929				1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20			Qtrly BIMS score: 59.3%				Quarterly Medicaid CMI: 1.5886				1.5138	
			Nurse Hours per On-Site Day/Quality Incentive: 3.74				Qtrly Mcaid CMI w RUG Wght Options: 1.6164				1.5405	
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility 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	\$4,316,663	\$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 Adjstrts	(\$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									
	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 Gwth 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		1.6164								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.84								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.60	\$113.84	\$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 - 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	\$6.26	\$6.26								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Sifng 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	\$27.17	\$9.07	\$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	\$211.77	\$122.91	\$0.00	\$15.65	\$20.18	\$0.00	\$39.08	\$3.28	\$9.42	\$1.25
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$146.00									

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>		Add-on Data and Percentages				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>10/1/2020</b>		Growth Allowance: <b>N/A</b>		<b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.4052</b>				<b>1.4052</b>	<b>1.3617</b>
		MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Qtrly BIMS score: <b>27.4%</b>		<b>27.4%</b>	<b>1.0%</b>	Quarterly Medicaid CMI: <b>1.4134</b>				<b>1.4134</b>	<b>1.5138</b>
				Nurse Hours per On-Site Day/Quality Incentive: <b>3.74</b>		<b>3.74</b>	<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.4363</b>				<b>1.4363</b>	<b>1.5405</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	\$4,104,222	\$2,100,958	\$0	\$453,658	\$296,818	\$324,348	\$630,864	\$19,473	\$278,103	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$79,630)	\$0	\$0	\$0	(\$2,160)	(\$2,360)	(\$73,086)		(\$18,695)	\$16,671	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,024,592	\$2,100,958	\$0	\$453,658	\$294,658	\$321,988	\$557,778	\$19,473	\$259,408	\$16,671	
8	Total Nursing Facility Days As Filed Days = 36,179	FY12 Audited C/R Days	36,179										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,081	FY 18 GL-PL Ins Rpt Days								33,081			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$111.29	\$58.07	\$0.00	\$12.54	\$17.04	(with L&H)	\$15.42	\$0.59	\$7.17	\$0.46	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<b>1.4052</b>									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$41.32									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$41.32	\$0.00	\$12.54	\$17.04		\$15.42	\$0.59	\$7.17	\$0.46	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$94.88	\$41.32	\$0.00	\$12.54	\$17.04		\$15.42	\$0.59	7.51 (FRV)	\$0.46	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <b>13.37%</b>	Ln 14 x Grwth Allwnc %	\$11.54	\$5.52	\$0.00	\$1.68	\$2.28	\$0.00	\$2.06	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$106.42	\$46.84	\$0.00	\$14.22	\$19.32	\$0.00	\$17.48	\$0.59	\$7.51	\$0.46	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.4363</b>									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$67.28									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$126.86	\$67.28	\$0.00	\$14.22	\$19.32	\$0.00	\$17.48	\$0.59	\$7.51	\$0.46	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Std - 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 = <b>1.0%</b> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.67	\$0.67									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <b>2.0%</b> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.35	\$1.35									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.65	\$2.55	\$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>\$147.51</b>	<b>\$69.83</b>	<b>\$0.00</b>	<b>\$14.44</b>	<b>\$19.73</b>	<b>\$0.00</b>	<b>\$34.95</b>	<b>\$0.59</b>	<b>\$7.51</b>	<b>\$0.46</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$97.81</b>										

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>10/1/2020</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>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>6.38</b>		Qtrly BIMS score: <b>43.7%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.5443</b>					<b>1.5443</b>	<b>1.5138</b>
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.5723</b>					<b>1.5723</b>	<b>1.5405</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 Adjstmnts	(\$437,974)	\$0	\$0	\$0	(\$122)	\$8,555	(\$450,916)		(\$9,418)	\$13,927
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$11,156,239	\$5,561,817	\$0	\$1,411,906	\$554,968	\$663,872	\$2,111,532	\$149,821	\$688,396	\$13,927
8	Total Nursing Facility Days As Filed Days = 43,099	FY12 Audited C/R Days	43,099									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 47,840	FY 18 GL-PL Ins Rpt Days								47,840		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$258.50	\$129.05	\$0.00	\$32.76	\$28.28	(with L&H)	\$48.99	\$3.13	\$15.97	\$0.32
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2862								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$100.34								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$100.34	\$0.00	\$32.76	\$28.28		\$48.99	\$3.13	\$15.97	\$0.32
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$166.52	\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$3.13	18.76 (FRV)	\$0.32
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth 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		1.5723								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$127.47								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$232.22	\$127.47	\$0.00	\$33.05	\$26.18	\$0.00	\$23.31	\$3.13	\$18.76	\$0.32
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - 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	\$0.00	\$0.00
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.19	\$3.19								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.82	\$3.82								
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	\$24.11	\$7.01	\$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>\$256.33</b>	<b>\$134.48</b>	<b>\$0.00</b>	<b>\$33.05</b>	<b>\$26.18</b>	<b>\$0.00</b>	<b>\$40.41</b>	<b>\$3.13</b>	<b>\$18.76</b>	<b>\$0.32</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$179.42</b>									

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

FINAL

Provider: <b>Nancy Hart 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>00141336A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.2652</b>				<b>1.2652</b>	<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		Qltry BIMS score: <b>34.5%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.0829</b>				<b>1.0829</b>	<b>1.5138</b>	
				Nurse Hours per On-Site Day/Quality Incentive: <b>3.63</b>	<b>3.0%</b>	Qltry Mcaid CMI w RUG Wght Options: <b>1.1002</b>				<b>1.1002</b>	<b>1.5405</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>	(see Policy Manual)		<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	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	\$2,678,272	\$1,275,431	\$0	\$337,858	\$197,436	\$186,331	\$449,818	\$57,540	\$173,858	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$46,985)	\$0	\$0	\$416	(\$2,761)	(\$2,606)	(\$36,980)		(\$34,638)	\$29,584
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,631,287	\$1,275,431	\$0	\$338,274	\$194,675	\$183,725	\$412,838	\$57,540	\$139,220	\$29,584
8	Total Nursing Facility Days	As Filed Days = 22,951	22,951									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 18,642										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	FY 18 GL-PL Ins Rpt Days	\$115.24	\$55.57	\$0.00	\$14.74	\$16.49	(with L&H)	\$17.99	\$3.09	\$6.07	\$1.29
10	Base Period Facility Case Mix Index for All Residents	Ln 7 / Ln 8 Col a		1.2652								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	from 4 qtrs of FY12		\$43.92								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	Ln 9 / Ln 10		\$43.92								
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	RS = Ln 11, AllOthr = Ln 9		\$43.92	\$0.00	\$14.74	\$16.49		\$17.99	\$3.09	\$6.07	\$1.29
14	Base Period Case Mix Adjusted Allowed Per Diem	per Peer Group Limits	\$104.66	\$43.92	\$0.00	\$14.74	\$16.49		\$17.99	\$3.09	N/A	\$1.29
	Lesser of Ln 12 or Ln 13										7.14	
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>										(FRV)	
15	Growth Allowance Percentage = 13.37%	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
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$117.11	\$49.79	\$0.00	\$16.71	\$18.69	\$0.00	\$20.40	\$3.09	\$7.14	\$1.29
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1002								
18	Qltry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$54.78								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$122.10	\$54.78	\$0.00	\$16.71	\$18.69	\$0.00	\$20.40	\$3.09	\$7.14	\$1.29
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ((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	\$1.37	\$1.37								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (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	\$21.64	\$3.54	\$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	\$143.74	\$58.32	\$0.00	\$16.93	\$19.10	\$0.00	\$37.87	\$3.09	\$7.14	\$1.29
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$94.98									
27	<b>Minimum Quarterly Case Mix Based Per Diem Rate</b>		\$147.00									
28	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(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>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.2251</b>					<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>4.36</b>		Qtrly BIMS score: <b>22.1%</b>	<b>1.0%</b>	Quarterly Medicaid CMI: <b>1.1469</b>					<b>1.5138</b>	
					<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.1617</b>					<b>1.5405</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	\$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 Adjstmnts	(\$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	44,490									
8	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 41,758								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 =	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		1.1617								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.18								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$180.97	\$94.18	\$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 (SInd - Ahd) 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	\$0.94	\$0.94								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng 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	\$20.14	\$2.82	\$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	\$201.11	\$97.00	\$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	\$138.01									

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>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.2324</b>					<b>1.2324</b>	<b>1.3617</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.96</b>		Qlry BIMS score: <b>31.2%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.2596</b>					<b>1.2596</b>	<b>1.5138</b>
				Qlry Mcaid CMI w RUG Wght Options: <b>1.2759</b>	<b>2.0%</b>						<b>1.2759</b>	<b>1.5405</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	\$7,482,558	\$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	41,343									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 40,693								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		<u>1.2324</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$84.44								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$84.44	\$0.00	\$21.28	\$22.81		\$23.28	\$1.44	\$7.41	\$0.09
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$158.45	\$71.51	\$0.00	\$21.28	\$22.81		\$20.56	\$1.44	20.76 (FRV)	\$0.09
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$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 Ql'r End		<u>1.2759</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.44								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$199.03	\$103.44	\$0.00	\$24.13	\$25.86	\$0.00	\$23.31	\$1.44	\$20.76	\$0.09
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Atwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.43	\$0.00	\$0.00	\$0.22	\$0.21	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.59	\$2.59								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$2.07	\$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	\$22.19	\$4.66	\$0.00	\$0.22	\$0.21	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$221.22	\$108.10	\$0.00	\$24.35	\$26.07	\$0.00	\$40.41	\$1.44	\$20.76	\$0.09
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$153.09									

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

FINAL

Provider: <b>New London Health Center</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: <b>00494139A</b>		Case Mix Per Diem Rate Effective Date: 10/01/20		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.4991					1.3699	
MDS & Nurse Hrs Data per Quarter Ending: 05/30/20		Nurse Hours per On-Site Day/Quality Incentive: 3.18		Qtrly BIMS score: 47.1%	5.5%	Quarterly Medicaid CMI: 1.7177					1.5138	
					2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.7481					1.5405	
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 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	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY13 C/R	\$8,670,898	\$3,335,176	\$0	\$738,448	\$335,832	\$391,662	\$1,311,902	\$185,098	\$2,372,780	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	(\$97,723)	\$0	\$0	\$0	\$0	\$0	(\$97,723)		(\$72,835)	\$72,835
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$8,573,175	\$3,335,176	\$0	\$738,448	\$335,832	\$391,662	\$1,214,179	\$185,098	\$2,299,945	\$72,835
8	Total Nursing Facility Days Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 48,462 As Filed Days = 48,366	48,462								48,366	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a from 4 qtrs of FY10	\$176.91	\$68.82	\$0.00	\$15.24	\$15.01	(with L&H)	\$25.05	\$3.83	\$47.46	\$1.50
10	Base Period Facility Case Mix Index for All Residents			1.4991								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	\$45.91									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9	\$45.91	\$0.00	\$0.00	\$15.24	\$15.01		\$25.05	\$3.83	\$47.46	\$1.50
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits	\$73.90	\$0.00	\$0.00	\$19.14	\$23.27		\$23.46	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$117.39	\$45.91	\$0.00	\$15.24	\$15.01		\$23.46	\$3.83	12.44 (FRV)	\$1.50
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Allownc %	\$13.33	\$6.14	\$0.00	\$2.04	\$2.01	\$0.00	\$3.14	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$130.72	\$52.05	\$0.00	\$17.28	\$17.02	\$0.00	\$26.60	\$3.83	\$12.44	\$1.50
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7481								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	\$90.99									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$169.66	\$90.99	\$0.00	\$17.28	\$17.02	\$0.00	\$26.60	\$3.83	\$12.44	\$1.50
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stdnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.00	\$5.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.82	\$1.82								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.08	\$7.35	\$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	\$194.74	\$98.34	\$0.00	\$17.50	\$17.43	\$0.00	\$43.70	\$3.83	\$12.44	\$1.50
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$133.23									

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>10/1/2020</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>06/30/20</b>		Qtrly BIMS score: <b>29.1%</b>		<b>29.1%</b>	<b>1.0%</b>	Quarterly Medicaid CMI: <b>1.5636</b>		<b>1.5636</b>	<b>1.5138</b>		
		Nurse Hours per On-Site Day/Quality Incentive: <b>3.73</b>		Qtrly Mcaid CMI w RUG Wght Options: <b>1.5924</b>		<b>3.73</b>	<b>2.0%</b>			<b>1.5924</b>	<b>1.5405</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	\$7,868,327	\$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 Adjstmnts	(\$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		50,264									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 31,359								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		1.5924									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$123.33									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$199.01	\$123.33	\$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 - 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	\$1.23	\$1.23									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Sflng Add-on	\$2.47	\$2.47									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.33	\$4.23	\$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	\$221.34	\$127.56	\$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	\$153.18										

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>10/1/2020</b>		Growth Allowance: <b>N/A</b>		<b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.3032</b>		<b>1.3617</b>		<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.54</b>		Qtrly BIMS score: <b>36.9%</b>		<b>36.9%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.1770</b>		<b>1.5138</b>		<b>1.5138</b>	
				Qtrly Mcaid CMI w RUG Wght Options: <b>1.1949</b>		<b>3.54</b>	<b>3.0%</b>			<b>1.1949</b>		<b>1.5405</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	\$5,988,305	\$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 Adjstms	(\$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	35,819										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 32,316								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 Allow %	\$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		1.1949									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$85.15									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$158.76	\$85.15	\$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 - 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 = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.13	\$2.13									
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	\$22.94	\$5.21	\$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	\$181.70	\$90.36	\$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	\$123.45										

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>10/1/2020</b>		Growth Allowance:	N/A	13.37%	Base Period Overall CMI:					1.4032	1.3617
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	23.5%	1.0%	Quarterly Medicaid CMI:					1.2789	1.5138
					1.54	2.0%	Qtrly Mcaid CMI w RUG Wght Options:					1.2986	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			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	\$6,978,191	\$3,446,206	\$0	\$710,988	\$379,954	\$432,374	\$1,467,498	\$205,015	\$336,156	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$380,131)	(\$5,079)	\$0	\$10,065	(\$160)	(\$7,154)	(\$377,661)		\$2,726	(\$2,868)	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,598,060	\$3,441,127	\$0	\$721,053	\$379,794	\$425,220	\$1,089,837	\$205,015	\$338,882	(\$2,868)	
8	Total Nursing Facility Days	As Filed Days = 43,776 FY12 Audited C/R Days	43,776										
	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<b>1.4032</b>									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.02									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$56.02	\$0.00	\$16.47	\$18.39		\$24.90	\$4.57	\$7.74	(\$0.07)	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$127.85	\$56.02	\$0.00	\$16.47	\$18.39		\$20.56	\$4.57	11.91 (FRV)	(\$0.07)	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>13.37%</u>	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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.2986</b>									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.47									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$161.71	\$82.47	\$0.00	\$18.67	\$20.85	\$0.00	\$23.31	\$4.57	\$11.91	(\$0.07)	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <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>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.65	\$1.65									
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	\$20.73	\$3.00	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$182.44</b>	<b>\$85.47</b>	<b>\$0.00</b>	<b>\$18.89</b>	<b>\$21.26</b>	<b>\$0.00</b>	<b>\$40.41</b>	<b>\$4.57</b>	<b>\$11.91</b>	<b>(\$0.07)</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$124.01</b>										

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

FINAL

Provider: <b>Northeast Atlanta H &amp; R Ctr.</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: <b>00426214A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.4802</b>					<b>1.4802</b>	<b>1.3617</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.94</b>		Qtrly BIMS score: <b>39.0%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.7477</b>					<b>1.7477</b>	<b>1.5138</b>
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.7795</b>					<b>1.7795</b>	<b>1.5405</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	\$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 Realocations 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		1.7795								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.08								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$201.97	\$115.08	\$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 (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	\$2.88	\$2.88								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$3.45	\$3.45								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.59	\$6.86	\$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	\$226.56	\$121.94	\$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	\$157.10									

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

FINAL

Provider: <b>Northridge Hlth &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>00059331A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.3456</b>					<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.68</b>		Qtrly BIMS score: <b>27.8%</b>	<b>1.0%</b>	Quarterly Medicaid CMI: <b>1.3950</b>					<b>1.5138</b>	
						Qtrly Mcaid CMI w RUG Wght Options: <b>1.4165</b>					<b>1.5405</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	\$9,213,088	\$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 Adjstmnts	(\$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	56,193									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 56,103								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		1.4165								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.58								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.31	\$102.58	\$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 (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 = 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 Slfng 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	\$22.74	\$4.64	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$200.05	\$107.22	\$0.00	\$19.72	\$22.83	\$0.00	\$37.23	\$3.04	\$10.01	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$137.21									

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

FINAL

Provider: <b>Nursecare of Buckhead</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: <b>00142183A</b>		Case Mix Per Diem Rate Effective Date: <b>10/01/20</b>		Growth Allowance: <b>N/A</b>		<b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.3783</b>				<b>1.3699</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>2.49</b>		Qtrly BIMS score: <b>26.5%</b>		<b>1.0%</b>	<b>0.0%</b>	Quarterly Medicaid CMI: <b>1.4500</b>				<b>1.5138</b>	
								Qtrly Mcaid CMI w RUG Wght Options: <b>1.4746</b>				<b>1.5405</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> <i>All Facilities All Bed Sizes</i>	<b>1</b> <i>All Facilities All Bed Sizes</i>	<b>2</b> <i>Free Standing All Bed Sizes</i>	<b>1</b> <i>All Facilities All Bed Sizes</i>	<b>1</b> <i>All Facilities All Bed Sizes</i>	<b>1</b> <i>All Facilities 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	\$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	As Filed Days = 77,604	77,604										
9	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 76,020								76,020			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$166.53	\$72.62	\$0.00	\$15.27	\$19.08	(with L&H)	\$25.22	\$3.64	\$27.47	\$3.23	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		<u>1.3783</u>									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.69									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$52.69	\$0.00	\$15.27	\$19.08		\$25.22	\$3.64	\$27.47	\$3.23	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.90	\$0.00	\$19.14	\$23.27		\$23.46	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.95	\$52.69	\$0.00	\$15.27	\$19.08		\$23.46	\$3.64	9.58 (FRV)	\$3.23	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>13.4%</u>	Ln 14 x Growth 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		<u>1.4746</u>									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.08									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$170.07	\$88.08	\$0.00	\$17.31	\$21.63	\$0.00	\$26.60	\$3.64	\$9.58	\$3.23	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.88	\$0.88									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>0.0%</u> (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	\$19.14	\$1.41	\$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>\$189.21</b>	<b>\$89.49</b>	<b>\$0.00</b>	<b>\$17.53</b>	<b>\$22.04</b>	<b>\$0.00</b>	<b>\$43.70</b>	<b>\$3.64</b>	<b>\$9.58</b>	<b>\$3.23</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$129.08</b>										

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

FINAL

Provider: <b>Oak View Home - Waverly Hall</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: <b>00142249A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.2630</b>					<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>2.74</b>		Qtrly BIMS score: <b>43.0%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.3993</b>					<b>1.5138</b>	
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.4229</b>					<b>1.5405</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	\$4,469,447	\$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	34,419									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 35,806								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		<b>1.2630</b>								
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	\$0.48
											(FRV)	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allownc %	\$14.14	\$7.89	\$0.00	\$1.90	\$2.23	\$0.00	\$2.12	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$131.42	\$66.94	\$0.00	\$16.14	\$18.91	\$0.00	\$17.98	\$2.68	\$8.29	\$0.48
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.4229</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.25								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$159.73	\$95.25	\$0.00	\$16.14	\$18.91	\$0.00	\$17.98	\$2.68	\$8.29	\$0.48
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([(Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.38	\$2.38								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.86	\$2.86								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.87	\$5.77	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$183.60</b>	<b>\$101.02</b>	<b>\$0.00</b>	<b>\$16.36</b>	<b>\$19.32</b>	<b>\$0.00</b>	<b>\$35.45</b>	<b>\$2.68</b>	<b>\$8.29</b>	<b>\$0.48</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$124.88</b>									

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

FINAL

Provider: <b>Oakview Health &amp; Rehab Center</b>		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>10/1/2020</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>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.42</b>		Qltry BIMS score: <b>36.8%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.4911</b>					<b>1.4911</b>	<b>1.5138</b>
				Qltry Mcaid CMI w RUG Wght Options: <b>3.42</b>	<b>3.0%</b>						<b>1.5181</b>	<b>1.5405</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	\$7,465,862	\$4,035,413	\$0	\$774,649	\$486,582	\$548,811	\$903,417	\$144,260	\$572,730	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$49,401)	(\$89,269)	\$0	\$0	(\$2,153)	(\$2,429)	\$46,882		(\$25,366)	\$22,934
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,416,461	\$3,946,144	\$0	\$774,649	\$484,429	\$546,382	\$950,299	\$144,260	\$547,364	\$22,934
8	Total Nursing Facility Days	As Filed Days = 51,873	51,873									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 52,667								52,667		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$142.92	\$76.07	\$0.00	\$14.93	\$19.87	(with L&H)	\$18.32	\$2.74	\$10.55	\$0.44
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.2538</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.67								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$60.67	\$0.00	\$14.93	\$19.87		\$18.32	\$2.74	\$10.55	\$0.44
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$132.55	\$60.67	\$0.00	\$14.93	\$19.87		\$18.32	\$2.74	15.58 (FRV)	\$0.44
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth 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 Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.5181</u>								
18	Qltry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.41								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$183.40	\$104.41	\$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 ((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	\$2.61	\$2.61								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$3.13	\$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	\$24.37	\$6.27	\$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	\$207.77	\$110.68	\$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	\$143.00									

Quarterly Case Mix Per Diem Calculation

Provider: Oceanside Health & Rehab - Tybee		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 003188970A		Growth Allowance:		N/A	13.37%	Base Period Overall CMI:				Use Stwd	1.3617	
H/B ? : No		Case Mix Per Diem Rate Effective Date: 10/01/20		BIMS: 24.6%	1.0%	Quarterly Medicaid CMI:				1.6385	1.5138	
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20		Nurse Hours per On-Site Day/Quality Incentive:		3.34	1.0%	Qrtly Mcaid CMI w RUG Wght Options:				1.6693	1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
<b>Cost Center Peer Groups per Selected Options</b>				<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>1</b>			
Type of Facility within Peer Group				All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
Bed Size Range within Peer Group				All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
Peer Group Standards: Percentile				90.0%	90.0%	90.0%	85.0%		50.0%			
Peer Group Standards: Multiplier				100.0%	100.0%	100.0%	100.0%		105.0%			
Efficiency Measures (Maximums)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Per Diem Costs and Add-ons</b>												
GL-PL- Insurance Costs										\$ 60,278		
Total Nursing Facility Days GL-PL Ins. Rpt										21,444		
Standard Per Diem (After CMA for Routine Srvcs)					\$71.51	\$18.41	\$23.09		\$20.56		\$16.46	\$0.00
Allowed @ 95% of Std				\$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>1.6693</u>							
Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem					\$128.56						(FRV Rate)	
Quarterly Medicaid CMA Allowed Per Diem				\$214.67	\$128.56	\$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% to Routine Srvs)				\$1.29	\$1.29							
Nurse Staff Hrs / Quality Add-on Per Diem = 1.0%				\$1.29	\$1.29							
Nursing Home Provider Fee				\$17.10					17.10			
<b>Total Quarterly Per Diem Add-On Amounts</b>				\$19.67								
<b>Quarterly Case Mix Based Per Diem Rate</b>			<b>\$234.34</b>	<b>\$131.13</b>		<b>\$19.83</b>	<b>\$24.87</b>		<b>\$39.24</b>	<b>\$2.81</b>	<b>\$16.46</b>	<b>\$0.00</b>
<b>Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%</b>			<b>\$162.93</b>									

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

FINAL

Provider: <b>Oconee Health &amp; Rehab</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: <b>00142293A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.1620</b>					<b>1.3617</b>	<b>1.3617</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.44</b>		Qtrly BIMS score: <b>39.0%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.2700</b>					<b>1.5138</b>	<b>1.5138</b>
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.2918</b>					<b>1.5405</b>	<b>1.5405</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	\$2,430,942	\$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 Adjstmts	(\$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	14,885									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 17,204								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		1.1620								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.61								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$67.61	\$0.00	\$19.22	\$25.53		\$22.35	\$2.78	\$13.29	\$0.56
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$142.86	\$67.61	\$0.00	\$18.41	\$23.09		\$20.56	\$2.78	9.85 (FRV)	\$0.56
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage =	Ln 14 x Grwth Adjmc %	\$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		1.2918								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.02								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$182.57	\$99.02	\$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 ((Sind - Ahdw) 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	\$2.48	\$2.48								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$2.97	\$2.97								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.08	\$5.98	\$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>\$205.65</b>	<b>\$105.00</b>	<b>\$0.00</b>	<b>\$20.87</b>	<b>\$26.18</b>	<b>\$0.00</b>	<b>\$40.41</b>	<b>\$2.78</b>	<b>\$9.85</b>	<b>\$0.56</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$141.41</b>									

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

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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>10/1/2020</b>		Growth Allowance: <b>N/A</b>		<b>0.0%</b>	<b>13.37%</b>	Base Period Overall CMI: <b>2.1590</b>				<b>1.3617</b>	<b>1.3617</b>
		MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Qtrly BIMS score: <b>0.0%</b>		<b>0.0%</b>	<b>0.0%</b>	Quarterly Medicaid CMI: <b>1.4350</b>				<b>1.5138</b>	<b>1.5138</b>
		Nurse Hours per On-Site Day/Quality Incentive: <b>9.60</b>		Qtrly Mcaid CMI w RUG Wght Options: <b>1.4640</b>		<b>0.0%</b>	<b>0.0%</b>					<b>1.4640</b>	<b>1.5405</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	\$2,812,723	\$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 Adjstmts	(\$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											
	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 Case Mix Index for All Residents	from 4 qtrs of FY12		2.1590									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$105.71									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$105.71	\$0.00	\$52.70	\$80.90		\$371.66	\$10.04	\$89.92	\$0.97	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$176.93	\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$10.04	21.61 (FRV)	\$0.97	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Alhnc %	\$19.30	\$9.56	\$0.00	\$3.90	\$3.09	\$0.00	\$2.75	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$196.23	\$81.07	\$0.00	\$33.05	\$26.18	\$0.00	\$23.31	\$10.04	\$21.61	\$0.97	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4640									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.69									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$233.85	\$118.69	\$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 ((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 = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$0.00	\$0.00									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$250.95	\$118.69	\$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	\$175.39										

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

FINAL

Provider: <b>Orchard 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>00142656A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>0.9752</b>					<b>1.3617</b>	<b>1.3617</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.44</b>		Qtrly BIMS score: <b>50.7%</b>	<b>5.5%</b>	Quarterly Medicaid CMI: <b>1.3460</b>					<b>1.5138</b>	<b>1.5138</b>
				Qtrly Mcaid CMI w RUG Wght Options: <b>1.3701</b>							<b>1.3701</b>	<b>1.5405</b>
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskprng	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	\$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 Adjstmts	(\$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	29,547									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 29,624								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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>0.9752</u>								
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	\$0.46
											(FRV)	
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>											
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$14.63	\$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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.3701</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.65								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$162.80	\$101.65	\$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 (Std - Atwct] x .75, 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	\$5.59	\$5.59								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$3.05	\$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	\$27.27	\$9.17	\$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	\$190.07	\$110.82	\$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	\$129.73									

Quarterly Case Mix Per Diem Calculation

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		h	i		
<b>Provider: Orchard View Rehab &amp; Skilled NC</b> <b>Prvdr ID: 00142117A</b> <b>H/B ? : No</b> <b>Case Mix Per Diem Rate Effective Date: 10/01/20</b> <b>MDS &amp; Nurse Hrs Data per Quarter Ending: 06/30/20</b>														
				<b>Add-on Data and Percentages</b> <b>Growth Allowance: N/A</b> <b>BIMS: 55.7%</b> <b>Nurse Hours per On-Site Day/Quality Incentive: 5.28</b>			<b>Facility Score</b> <b>Add-on Percent</b> <b>N/A</b> <b>13.37%</b> <b>5.5%</b> <b>3.0%</b>		<b>Case Mix Index (CMI) Data</b> <b>Base Period Overall CMI: 1.2690</b> <b>Quarterly Medicaid CMI: 1.1867</b> <b>Qtrly Mcaid CMI w RUG Wght Options: 1.2047</b>			<b>Facility Specific</b> <b>1.2690</b> <b>1.1867</b> <b>1.2047</b>		<b>State-wide</b> <b>1.3617</b> <b>1.5138</b> <b>1.5405</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>														
<i>GL-PL- Insurance Costs</i>														
<i>Total Nursing Facility Days GL-PL Ins. Rpt</i>														
<i>Standard Per Diem (After CMA for Routine Srvc)</i>														
<i>Allowed @ 95% of Std</i>														
<i>Growth Allowance 13.4%</i>														
<i>CMA Allowed Per Diem (After Growth Allowance)</i>														
<i>Quarterly Facility Case Mix Index for Medicaid Residents</i>														
<i>Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem</i>														
<i>Quarterly Medicaid CMA Allowed Per Diem</i>														
<b>Quarterly Per Diem Add-On Amounts</b>														
<i>BIMS Add-on Per Diem = 5.5% of Routine Srvc</i>														
<i>Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%</i>														
<i>Nursing Home Provider Fee</i>														
<b>Total Quarterly Per Diem Add-On Amounts</b>														
<b>Quarterly Case Mix Based Per Diem Rate</b>														
<b>Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%</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	Add-on Data and Percentages		Case Mix Index (CMI) Data		Facility Score	Facility Specific	State-wide												
													Facility Score	Add-on Percent	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	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	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%																								
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%																								
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41																								
	<b>Base Period Per Diem Allowed Amounts</b>																														
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R - FY 2018 GL-PL Rpt	\$6,249,016	\$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	\$0.90																			
											(FRV)																				
	<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		1.3409																											
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.70																											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$165.27	\$88.70	\$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 (Sind - Alwjt) x .75, 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	\$2.66	\$2.66																											
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	\$21.29	\$3.19	\$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	\$186.56	\$91.89	\$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	\$127.10																												

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>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.2317</b>					<b>1.3617</b>	<b>1.3617</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>4.51</b>		Qtrly BIMS score: <b>33.3%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.0897</b>					<b>1.5138</b>	<b>1.5138</b>
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.1049</b>					<b>1.5405</b>	<b>1.5405</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	\$1,944,881	\$892,655	\$0	\$391,990	\$129,464	\$196,552	\$216,971	\$39,793	\$77,456	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$11,393)	(\$787)	\$0	\$0	\$145	(\$7,449)	(\$3,302)		(\$1,189)	\$1,189
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$1,933,488	\$891,868	\$0	\$391,990	\$129,609	\$189,103	\$213,669	\$39,793	\$76,267	\$1,189
8	Total Nursing Facility Days As Filed Days = 10,670	FY12 Audited C/R Days	10,670									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 10,104	FY 18 GL-PL Ins Rpt Days								10,104		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$181.43	\$83.59	\$0.00	\$36.74	\$29.87	(with L&H)	\$20.03	\$3.94	\$7.15	\$0.11
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2317								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.87								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$67.87	\$0.00	\$36.74	\$29.87		\$20.03	\$3.94	\$7.15	\$0.11
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$156.04	\$67.87	\$0.00	\$29.15	\$23.09		\$20.03	\$3.94	11.85 (FRV)	\$0.11
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$18.74	\$9.07	\$0.00	\$3.90	\$3.09	\$0.00	\$2.68	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$174.78	\$76.94	\$0.00	\$33.05	\$26.18	\$0.00	\$22.71	\$3.94	\$11.85	\$0.11
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1049								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$85.01								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$182.85	\$85.01	\$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 - Atwjt) 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	\$2.13	\$2.13								
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	\$22.68	\$5.21	\$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	\$205.53	\$90.22	\$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	\$141.32									

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
Pvdr ID: <b>00002164A</b>	Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>	Growth Allowance: <b>N/A</b>		<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>06/30/20</b>	Nurse Hours per On-Site Day/Quality Incentive: <b>3.40</b>		<b>37.5%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.2898</b>					<b>1.2898</b>	<b>1.5138</b>
				<b>3.40</b>	<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.3089</b>					<b>1.3089</b>	<b>1.5405</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 Adjstmnts	(\$582,209)	(\$98,808)	\$0	\$6,084	\$8,854	(\$4,868)	(\$207,568)		(\$363,773)	\$77,870
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,169,145	\$4,223,932	\$0	\$864,970	\$432,074	\$443,380	\$600,142	\$347,845	\$178,932	\$77,870
8	Total Nursing Facility Days As Filed Days = 57,271	FY12 Audited C/R Days	57,271									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 58,793	FY 18 GL-PL Ins Rpt Days								58,793		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$125.02	\$73.75	\$0.00	\$15.10	\$15.29	(with L&H)	\$10.48	\$5.92	\$3.12	\$1.36
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2699								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.07								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$58.07	\$0.00	\$15.10	\$15.29		\$10.48	\$5.92	\$3.12	\$1.36
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$120.25	\$58.07	\$0.00	\$15.10	\$15.29		\$10.48	\$5.92	14.03 (FRV)	\$1.36
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$13.22	\$7.76	\$0.00	\$2.02	\$2.04	\$0.00	\$1.40	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$133.47	\$65.83	\$0.00	\$17.12	\$17.33	\$0.00	\$11.88	\$5.92	\$14.03	\$1.36
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3089								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.16								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$153.80	\$86.16	\$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 ((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	\$2.15	\$2.15								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$1.72	\$1.72								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.50	\$4.40	\$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	\$176.30	\$90.56	\$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	\$119.40									

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

**FINAL**

Provider: <b>Parkside Post Acute Care and Rehab</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: <b>00169199A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance:	N/A	Base Period Overall CMI:					1.3690	1.3617
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	39.3%	Quarterly Medicaid CMI:					1.5188	1.5138
					3.73	Qtrly Mcaid CMI w RUG Wght Options:					1.5445	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>2</b> <i>Free Standing</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>	<b>1</b> <i>All Facilities</i> <i>All Bed Sizes</i>			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$9,561,164	\$4,548,816	\$0	\$1,020,738	\$613,465	\$507,283	\$2,025,599	\$20,313	\$824,950	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$289,144)	(\$2,722)	\$0	\$0	\$2,545	\$2,104	(\$294,492)		(\$107,490)	\$110,911
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$9,272,020	\$4,546,094	\$0	\$1,020,738	\$616,010	\$509,387	\$1,731,107	\$20,313	\$717,460	\$110,911
8	Total Nursing Facility Days	As Filed Days = 56,904 FY12 Audited C/R Days	56,904									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 55,592 FY 18 GL-PL Ins Rpt Days								55,592		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$162.96	\$79.89	\$0.00	\$17.94	\$19.78	(with L&H)	\$30.42	\$0.37	\$12.61	\$1.95
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.3690</u>								
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 = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$15.59	\$7.80	\$0.00	\$2.40	\$2.64	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$144.64	\$66.16	\$0.00	\$20.34	\$22.42	\$0.00	\$23.31	\$0.37	\$10.09	\$1.95
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.5445</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.18								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$180.66	\$102.18	\$0.00	\$20.34	\$22.42	\$0.00	\$23.31	\$0.37	\$10.09	\$1.95
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.55	\$2.55								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.04	\$2.04								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.85	\$5.12	\$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>\$203.51</b>	<b>\$107.30</b>	<b>\$0.00</b>	<b>\$20.56</b>	<b>\$22.83</b>	<b>\$0.00</b>	<b>\$40.41</b>	<b>\$0.37</b>	<b>\$10.09</b>	<b>\$1.95</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$139.81</b>									

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

FINAL

Provider: <b>Parkside Ellijay</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>00141127A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: N/A		N/A	13.37%	Base Period Overall CMI: 1.3029		1.3029	1.3617		
		MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Qtrly BIMS score: 40.0%		40.0%	2.5%	Quarterly Medicaid CMI: 1.7606		1.7606	1.5138		
				Nurse Hours per On-Site Day/Quality Incentive: 3.58		3.58	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.7685		1.7685	1.5405		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> Type of Facility 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	\$6,106,944	\$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 Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 35,922 As Filed Days = 29,355											
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days								29,355			
10	Base Period Facility Case Mix Index for All Residents	Ln 7 / Ln 8 Col a from 4 qtrs of FY12	\$169.92	\$70.14	\$0.00	\$23.31	\$25.26	(with L&H)	\$31.36	\$2.12	\$16.28	\$1.45	
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		1.7685									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.93									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$197.02	\$107.93	\$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 (([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	\$2.70	\$2.70									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stng Add-on	\$3.24	\$3.24									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.79	\$6.47	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$220.81</b>	<b>\$114.40</b>	<b>\$0.00</b>	<b>\$26.65</b>	<b>\$26.18</b>	<b>\$0.00</b>	<b>\$40.41</b>	<b>\$2.12</b>	<b>\$9.60</b>	<b>\$1.45</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$152.78</b>										

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>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</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>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>4.30</b>		Qtrly BIMS score: <b>27.3%</b>	<b>1.0%</b>	Quarterly Medicaid CMI: <b>1.1488</b>					<b>1.1488</b>	<b>1.5138</b>
					<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.1653</b>					<b>1.1653</b>	<b>1.5405</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	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		1.1653								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$62.63								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$153.89	\$62.63	\$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 ((Stnd - 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	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.63	\$0.63								
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	\$19.73	\$2.41	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$173.62</b>	<b>\$65.04</b>	<b>\$0.00</b>	<b>\$29.65</b>	<b>\$26.18</b>	<b>\$0.00</b>	<b>\$40.41</b>	<b>\$0.53</b>	<b>\$11.42</b>	<b>\$0.39</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$117.39</b>									

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

FINAL

Provider: <b>Pine Knoll Nursing and Rehab Center</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Pvdr ID: <b>00142458A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: <b>N/A</b>		<b>25.9%</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.4918</b>				<b>1.4014</b>	
		MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.37</b>		<b>1.0%</b>	<b>3.0%</b>	Quarterly Medicaid CMI: <b>1.7180</b>				<b>1.5138</b>	
								Qtrly Mcaid CMI w RUG Wght Options: <b>1.7502</b>				<b>1.5405</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 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 Adjstmnts	\$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	18,890										
9	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 39,777								39,777			
10	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	
11	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.4918									
12	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.26									
13	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	
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	N/A		
15	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>													
16	Growth Allowance Percentage =	Ln 14 x Grwth Allownc %	\$14.70	\$7.79	\$0.00	\$1.87	\$1.83	\$0.00	\$3.21	N/A	N/A	N/A	
17	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	
18	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7502									
19	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.60									
20	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$182.84	\$115.60	\$0.00	\$15.82	\$15.52	\$0.00	\$27.23	\$0.28	\$7.82	\$0.57	
<b>Quarterly Per Diem Add-on Amounts</b>													
21	Efficiency Add-on Per Diem ((Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
22	BIMS Add-on Per Diem =	Ln 19 Col b x CPS Add-on	\$1.16	\$1.16									
23	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Sifng Add-on	\$3.47	\$3.47									
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	\$22.89	\$5.16	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
26	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$205.73	\$120.76	\$0.00	\$16.04	\$15.93	\$0.00	\$44.33	\$0.28	\$7.82	\$0.57	
27	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$141.47										

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: 10/1/2020		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.0657				1.3617		
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20		Nurse Hours per On-Site Day/Quality Incentive: 2.95		Qtrly BIMS score: 37.7%	2.5%	Quarterly Medicaid CMI: 1.3777				1.5138		
					3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4019				1.5405		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,432,258	\$1,228,619	\$0	\$257,152	\$119,501	\$215,874	\$313,657	\$39,808	\$257,647	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$265,533)	(\$4,760)	\$0	(\$3,865)	(\$203)	(\$1,902)	(\$31,014)		(\$241,103)	\$17,314
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,166,725	\$1,223,859	\$0	\$253,287	\$119,298	\$213,972	\$282,643	\$39,808	\$16,544	\$17,314
8	Total Nursing Facility Days As Filed Days = 17,835	FY12 Audited C/R Days	17,835									
8	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,209	FY 18 GL-PL Ins Rpt Days								28,209		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$120.67	\$68.62	\$0.00	\$14.20	\$18.69	(with L&H)	\$15.85	\$1.41	\$0.93	\$0.97
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.0657								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.39								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, 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 = 13.37%	Ln 14 x Gnrth 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		1.4019								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.34								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$168.80	\$102.34	\$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 (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	\$2.56	\$2.56								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.07	\$3.07								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.26	\$6.16	\$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	\$193.06	\$108.50	\$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	\$131.97									

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

FINAL

Provider: <b>Pinewood 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>00142513A</b>	Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>	Growth Allowance: <b>N/A</b>		<b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.3181</b>					<b>1.3617</b>	<b>1.3617</b>
	MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>	Nurse Hours per On-Site Day/Quality Incentive: <b>39.7%</b>		<b>39.7%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.1705</b>					<b>1.5138</b>	<b>1.5138</b>
				<b>3.32</b>	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.1851</b>					<b>1.1851</b>	<b>1.5405</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 Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$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 Adjslmts	(\$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 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,000	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	35,486									
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$97.25	\$48.23	\$0.00	\$14.92	\$12.58	(with L&H)	\$11.55	\$1.16	\$8.15	\$0.66
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3181								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$36.59								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$36.59	\$0.00	\$14.92	\$12.58		\$11.55	\$1.16	\$8.15	\$0.66
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$85.37	\$36.59	\$0.00	\$14.92	\$12.58		\$11.55	\$1.16	7.91	\$0.66
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	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
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$95.47	\$41.48	\$0.00	\$16.91	\$14.26	\$0.00	\$13.09	\$1.16	\$7.91	\$0.66
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1851								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	\$49.16	\$49.16								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$103.15	\$49.16	\$0.00	\$16.91	\$14.26	\$0.00	\$13.09	\$1.16	\$7.91	\$0.66
<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	\$1.23	\$1.23								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.47	\$1.47								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.33	\$3.23	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$124.48	\$52.39	\$0.00	\$17.13	\$14.67	\$0.00	\$30.56	\$1.16	\$7.91	\$0.66
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$80.54									
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 FY13 Cost Report Data

FINAL

Provider: <b>Pinewood 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>00142205A</b>		Case Mix Per Diem Rate Effective Date: 10/01/20		Growth Allowance: N/A		N/A	13.37%	Base Period Overall CMI: 1.1182				1.3699	
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score: 25.0%		2.60	1.0%	Quarterly Medicaid CMI: 1.3205				1.5138	
							2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.3426				1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatins & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
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	\$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										
9	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 Adjstnt 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 Adjstnt 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		1.3426									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$85.91									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$163.52	\$85.91	\$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 ((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 = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.86	\$0.86									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.72	\$1.72									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.84	\$3.11	\$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	\$184.36	\$89.02	\$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	\$125.45										

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

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Provider: <b>Pleasant View 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>00142546A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</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>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>2.54</b>		Qtrly BIMS score: <b>38.6%</b>		<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.2623</b>				<b>1.5138</b>		
				Qtrly Mcaid CMI w RUG Wght Options: <b>1.2623</b>		<b>2.0%</b>					<b>1.5405</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>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 Adjstmnts	(\$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 Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 42,132 As Filed Days = 39,362	42,132										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days								39,362			
10	Base Period Facility Case Mix Index for All Residents	Ln 7 / Ln 8 Col a from 4 qtrs of FY12	\$94.39	\$45.00	\$0.00	\$10.72	\$12.66	(with L&H)	\$14.85	\$0.64	\$9.85	\$0.67	
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$39.74									
12	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	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$86.91	\$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>													
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Alhwc %	\$10.42	\$5.31	\$0.00	\$1.43	\$1.69	\$0.00	\$1.99	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$97.33	\$45.05	\$0.00	\$12.15	\$14.35	\$0.00	\$16.84	\$0.64	\$7.63	\$0.67	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.2823</u>									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$57.77									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$110.05	\$57.77	\$0.00	\$12.15	\$14.35	\$0.00	\$16.84	\$0.64	\$7.63	\$0.67	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((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	\$1.44	\$1.44									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.16	\$1.16									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.23	\$3.13	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$131.28</b>	<b>\$60.90</b>	<b>\$0.00</b>	<b>\$12.37</b>	<b>\$14.76</b>	<b>\$0.00</b>	<b>\$34.31</b>	<b>\$0.64</b>	<b>\$7.63</b>	<b>\$0.67</b>	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$85.64										
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: 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: 10/1/2020		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.3070					1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20		Nurse Hours per On-Site Day/Quality Incentive: 2.55		Qtrly BIMS score: 50.7%	5.5%	Quarterly Medicaid CMI: 1.5912					1.5138	
					3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6218					1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility 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 Realocations 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 Alwnc %	\$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		1.6218								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.77								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$150.19	\$86.77	\$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 - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.77	\$4.77								
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	\$26.00	\$7.90	\$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	\$176.19	\$94.67	\$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	\$119.32									

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 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 Srvc 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 Realocations 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									
8	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 Srvc	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 Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.87								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	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 Srvc)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$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 Growth Allownc %	\$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		1.8513								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.06								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.74	\$113.06	\$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 ((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 Srvc)	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 Srvc)	Ln 19 Col b x Slfng Add-on	\$3.39	\$3.39								
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	\$23.15	\$5.05	\$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	\$210.89	\$118.11	\$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	\$145.34									

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: Premier Estate of Dublin</b> <b>Prvd ID: 00141281A</b> Case Mix Per Diem Rate Effective Date: 10/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 06/30/20 Growth Allowance: N/A Qtrly BIMS score: 22.7% Nurse Hours per On-Site Day/Quality Incentive: 3.10 Facility Score: 13.37% Add-on Percent: 1.0% Base Period Overall CMI: 1.1528 Quarterly Medicaid CMI: 1.5221 Qtrly Mcaid CMI w RUG Wght Options: 1.5486 1.5405												
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,922,620	\$1,446,998	\$0	\$344,458	\$171,679	\$139,354	\$522,229	\$57,432	\$240,470	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$299,079)	(\$81,239)	\$0	(\$409)	(\$2,217)	(\$2,426)	(\$213,806)		(\$9,773)	\$10,791
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,623,541	\$1,365,759	\$0	\$344,049	\$169,462	\$136,928	\$308,423	\$57,432	\$230,697	\$10,791
8	Total Nursing Facility Days As Filed Days = 20,520	FY12 Audited C/R Days	20,520									
8	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		1.5486								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.37								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$164.33	\$101.37	\$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 ((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	\$1.01	\$1.01								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.01	\$1.01								
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	\$20.65	\$2.55	\$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	\$184.98	\$103.92	\$0.00	\$19.23	\$17.34	\$0.00	\$34.51	\$1.60	\$7.85	\$0.53
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$125.91									

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>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.1395</b>					<b>1.3617</b>	<b>1.3617</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.60</b>		Qtrly BIMS score: <b>47.9%</b>	<b>5.5%</b>	Quarterly Medicaid CMI: <b>1.3392</b>					<b>1.5138</b>	<b>1.5138</b>
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.3602</b>					<b>1.5405</b>	<b>1.5405</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	\$10,337,985	\$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	65,959									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 64,824								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		1.1395								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.07								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$65.07	\$0.00	\$20.84	\$23.03		\$21.38	\$0.82	\$14.14	\$1.25
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$148.60	\$65.07	\$0.00	\$18.41	\$23.03		\$20.56	\$0.82	19.46 (FRV)	\$1.25
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage =	Ln 14 x Grwth Allwnc %	\$16.99	\$8.70	\$0.00	\$2.46	\$3.08	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$165.59	\$73.77	\$0.00	\$20.87	\$26.11	\$0.00	\$23.31	\$0.82	\$19.46	\$1.25
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3602								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.34								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.16	\$100.34	\$0.00	\$20.87	\$26.11	\$0.00	\$23.31	\$0.82	\$19.46	\$1.25
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Awd) 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 =	Ln 19 Col b x CPS Add-on	\$5.52	\$5.52								
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)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$9.10	\$9.06	\$0.00	\$0.00	\$0.04	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$201.26	\$109.40	\$0.00	\$20.87	\$26.15	\$0.00	\$23.31	\$0.82	\$19.46	\$1.25
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$150.95									

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>10/1/2020</b>		Growth Allowance:	N/A	Base Period Overall CMI:					1.2644	1.3617
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		37.8%	2.5%	Quarterly Medicaid CMI:					1.6935	1.5138
				5.55	3.0%	Qtrly Mcaid CMI w RUG Wght Options:					1.7257	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			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	\$7,048,766	\$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									
	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 Grwth 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		1.7257								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$139.90								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$229.26	\$139.90	\$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 ((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	\$0.00	\$0.00
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.50	\$3.50								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.20	\$4.20								
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	\$7.92	\$7.70	\$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	\$237.18	\$147.60	\$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	\$177.89									

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: 10/1/2020		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.2494					1.2494	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20		Nurse Hours per On-Site Day/Quality Incentive: 2.59		Qtrly BIMS score: 47.1%	5.5%	Quarterly Medicaid CMI: 1.5677					1.5677	1.5138
					3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5970					1.5970	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operains & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,804,770	\$1,453,605	\$0	\$286,258	\$175,513	\$200,891	\$390,719	\$40,376	\$257,408	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$14,916)	(\$13,028)	\$0	\$0	\$1,992	\$2,279	(\$10,145)		(\$15,953)	\$19,939
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,789,854	\$1,440,577	\$0	\$286,258	\$177,505	\$203,170	\$380,574	\$40,376	\$241,455	\$19,939
8	Total Nursing Facility Days As Filed Days = 17,786	FY12 Audited C/R Days	17,786									
	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		1.5970								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.36								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$194.97	\$117.36	\$0.00	\$18.24	\$24.26	\$0.00	\$23.31	\$1.96	\$8.72	\$1.12
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.45	\$6.45								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (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	\$28.23	\$10.50	\$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	\$223.20	\$127.86	\$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	\$154.58									

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	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	<b>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	\$4,305,895	\$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 Adjstms	(\$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																													
	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		<u>1.2794</u>																												
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 = <u>13.37%</u>	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		<u>1.5680</u>																												
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$85.49																												
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$146.57	\$85.49	\$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 - 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	\$0.00																				
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.70	\$4.70																												
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$1.71	\$1.71																												
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	\$25.04	\$6.94	\$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>\$171.61</b>	<b>\$92.43</b>	<b>\$0.00</b>	<b>\$15.04</b>	<b>\$19.72</b>	<b>\$0.00</b>	<b>\$34.92</b>	<b>\$1.37</b>	<b>\$7.54</b>	<b>\$0.59</b>																				
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$115.88</b>																													

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>10/1/2020</b>		Growth Allowance: <b>N/A</b>		<b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.3806</b>				<b>1.3617</b>	
		MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Qtrly BIMS score: <b>26.0%</b>		<b>26.0%</b>	<b>1.0%</b>	Quarterly Medicaid CMI: <b>1.7643</b>				<b>1.5138</b>	
				Nurse Hours per On-Site Day/Quality Incentive: <b>3.61</b>		<b>3.61</b>	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.7984</b>				<b>1.7984</b>	<b>1.5405</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	\$3,602,964	\$1,920,538	\$0	\$327,040	\$241,985	\$229,227	\$490,150	\$182,854	\$211,170	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$66,603)	(\$11,693)	\$0	\$0	\$1,933	\$1,059	(\$59,591)		(\$23,561)	\$25,250	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,536,361	\$1,908,845	\$0	\$327,040	\$243,918	\$230,286	\$430,559	\$182,854	\$187,609	\$25,250	
8	Total Nursing Facility Days As Filed Days = 24,869	FY12 Audited C/R Days	24,869										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,000	FY 18 GL-PL Ins Rpt Days								23,000			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$142.80	\$76.76	\$0.00	\$13.15	\$19.07	(with L&H)	\$17.31	\$7.95	\$7.54	\$1.02	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3806									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.60									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.60	\$0.00	\$13.15	\$19.07		\$17.31	\$7.95	\$7.54	\$1.02	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$123.02	\$55.60	\$0.00	\$13.15	\$19.07		\$17.31	\$7.95	8.92 (FRV)	\$1.02	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14.05	\$7.43	\$0.00	\$1.76	\$2.55	\$0.00	\$2.31	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$137.07	\$63.03	\$0.00	\$14.91	\$21.62	\$0.00	\$19.62	\$7.95	\$8.92	\$1.02	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7984									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.35									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.39	\$113.35	\$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 - 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	\$1.13	\$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	\$23.16	\$5.06	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$210.55	\$118.41	\$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	\$145.09										

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

FINAL

Provider: <b>PruittHealth - Athens Heritage, LLC</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: <b>00141391A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.6031</b>					<b>1.6031</b>	<b>1.3617</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.74</b>		Qtrly BIMS score: <b>14.7%</b>	<b>0.0%</b>	Quarterly Medicaid CMI: <b>1.6209</b>					<b>1.6209</b>	<b>1.5138</b>
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.6503</b>					<b>1.6503</b>	<b>1.5405</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	\$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	33,807									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 33,536								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 =	Ln 14 x Grwth Allwnc %	\$15.97	\$8.00	\$0.00	\$2.13	\$3.09	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$163.42	\$67.83	\$0.00	\$18.05	\$26.18	\$0.00	\$23.31	\$7.46	\$17.19	\$3.40
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6503								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.94								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$207.53	\$111.94	\$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 (SInd - 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 =	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 Sifng 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	\$21.21	\$3.89	\$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	\$228.74	\$115.83	\$0.00	\$18.27	\$26.18	\$0.00	\$40.41	\$7.46	\$17.19	\$3.40
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$158.73									

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

FINAL

Provider: <b>PruittHealth - Augusta</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: <b>00059463A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.4445</b>					<b>1.4445</b>	<b>1.3617</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.85</b>		Qtrly BIMS score: <b>16.7%</b>	<b>0.0%</b>	Quarterly Medicaid CMI: <b>1.5712</b>					<b>1.5712</b>	<b>1.5138</b>
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.5990</b>					<b>1.5990</b>	<b>1.5405</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)		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	\$5,463,847	\$3,001,248	\$0	\$503,836	\$318,357	\$274,569	\$754,359	\$240,597	\$370,881	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$115,918)	(\$2,185)	\$0	(\$1,176)	\$0	\$264	(\$104,260)		(\$54,548)	\$45,987
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,347,929	\$2,999,063	\$0	\$502,660	\$318,357	\$274,833	\$650,099	\$240,597	\$316,333	\$45,987
8	Total Nursing Facility Days	As Filed Days = 33,329		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		1.5990								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.92								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$191.12	\$112.92	\$0.00	\$17.10	\$20.18	\$0.00	\$22.12	\$8.06	\$9.36	\$1.38
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem (Std - 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	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$3.39	\$3.39								
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	\$22.02	\$3.92	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$213.14	\$116.84	\$0.00	\$17.32	\$20.59	\$0.00	\$39.59	\$8.06	\$9.36	\$1.38
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$147.03									

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

FINAL

Provider: <b>PruittHealth - Austell</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvd ID: <b>00059276A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.5684</b>					<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.53</b>		Qtrly BIMS score: <b>27.4%</b>	<b>1.0%</b>	Quarterly Medicaid CMI: <b>1.5587</b>					<b>1.5138</b>	
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.5884</b>					<b>1.5405</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	\$7,420,257	\$3,697,715	\$0	\$704,234	\$617,896	\$360,843	\$1,076,394	\$298,340	\$664,835	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$129,239)	(\$8,087)	\$0	(\$798)	(\$1,751)	(\$1,135)	(\$115,646)		(\$98,311)	\$96,489
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,291,018	\$3,689,628	\$0	\$703,436	\$616,145	\$359,708	\$960,748	\$298,340	\$566,524	\$96,489
8	Total Nursing Facility Days As Filed Days = 41,411	FY12 Audited C/R Days	41,411									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,344	FY 18 GL-PL Ins Rpt Days								41,344		
9	Net Per Diems prior to Case Mix 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 (FRV)	\$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		1.5884								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.31								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$195.62	\$102.31	\$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 ((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 = 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 Stfng Add-on	\$3.07	\$3.07								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.94	\$4.62	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$217.56	\$106.93	\$0.00	\$19.48	\$26.18	\$0.00	\$40.41	\$7.22	\$15.01	\$2.33
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$150.35									

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>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.5336</b>				<b>1.5336</b>	<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>4.03</b>		Qtrly BIMS score: <b>45.0%</b>	<b>5.5%</b>	Quarterly Medicaid CMI: <b>1.3113</b>				<b>1.3113</b>	<b>1.5138</b>	
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.3330</b>				<b>1.3330</b>	<b>1.5405</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			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R - FY 2018 GL-PL Rpt	\$5,508,415	\$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 Adjstmnts	(\$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										
8	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 34,945										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$152.29	\$85.22	\$0.00	\$14.73	\$20.83	(with L&H)	\$20.73	\$6.95	\$2.65	\$1.18
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5336								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.57								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.57	\$0.00	\$14.73	\$20.83		\$20.73	\$6.95	\$2.65	\$1.18
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$127.79	\$55.57	\$0.00	\$14.73	\$20.83		\$20.56	\$6.95	7.97 (FRV)	\$1.18
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage =	Ln 14 x Grwth Allownc %	\$14.93	\$7.43	\$0.00	\$1.97	\$2.78	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.72	\$63.00	\$0.00	\$16.70	\$23.61	\$0.00	\$23.31	\$6.95	\$7.97	\$1.18
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3330								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$83.98								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$163.70	\$83.98	\$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 - 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	\$4.62	\$4.62								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$2.52	\$2.52								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.40	\$7.67	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$189.10	\$91.65	\$0.00	\$16.92	\$24.02	\$0.00	\$40.41	\$6.95	\$7.97	\$1.18
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$129.00									

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>10/1/2020</b>		Growth Allowance: <b>N/A</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>06/30/20</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>1.7361</b>					<b>1.5138</b>	
					<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.7665</b>					<b>1.5405</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	FY12 Audited C/R Days	51,101									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 53,128	FY 18 GL-PL Ins Rpt Days								53,128		
9	Net Per Diems prior to Case Mix 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 Case Mix Index for All Residents	from 4 qtrs of FY12		1.6566								
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 Case Mix Index for Medicaid Residents	per Current Qtr End		1.7665								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$136.78								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$225.37	\$136.78	\$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 ((Stnd - Adjwd) 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	\$1.37	\$1.37								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.74	\$2.74								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.37	\$4.64	\$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	\$247.74	\$141.42	\$0.00	\$20.69	\$24.00	\$0.00	\$40.41	\$7.11	\$11.76	\$2.35
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$172.98									

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

FINAL

Provider: <b>Pruitt Covington</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00265196A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.3923</b>				<b>1.3923</b>	<b>1.4014</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.68</b>		Qtrly BIMS score: <b>35.9%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.6433</b>				<b>1.6433</b>	<b>1.5138</b>	
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.6738</b>				<b>1.6738</b>	<b>1.5405</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 Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities All Bed Sizes</i>	<b>1</b> <i>All Facilities All Bed Sizes</i>	<b>2</b> <i>Free Standing All Bed Sizes</i>	<b>1</b> <i>All Facilities All Bed Sizes</i>	<b>1</b> <i>All Facilities All Bed Sizes</i>	<b>1</b> <i>All Facilities All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY 14 C/R - FY 18 GL-PL Rpt	\$4,350,870	\$2,108,885	\$0	\$444,031	\$256,227	\$338,422	\$654,103	\$170,824	\$378,378	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY14 C/R Audit Adjstmnts	(\$101,487)	\$0	\$0	\$0	\$0	\$0	(\$101,428)		(\$40,593)	\$40,534
7	Cost Center Costs After Audit Adjustments	FY14 Audited C/R	\$4,249,383	\$2,108,885	\$0	\$444,031	\$256,227	\$338,422	\$552,675	\$170,824	\$337,785	\$40,534
8	Total Nursing Facility Days	As Filed Days = 25,202	25,202									
9	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 24,191								24,191		
10	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
11	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		<b>1.3923</b>								
12	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.10								
13	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
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	N/A	
15	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$142.45	\$60.10	\$0.00	\$17.62	\$23.55		\$21.93	\$7.06	10.58 (FRV)	\$1.61
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
16	Growth Allowance Percentage =	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
17	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$158.93	\$68.14	\$0.00	\$19.98	\$26.70	\$0.00	\$24.86	\$7.06	\$10.58	\$1.61
18	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.6738</b>								
19	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.05								
20	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$204.84	\$114.05	\$0.00	\$19.98	\$26.70	\$0.00	\$24.86	\$7.06	\$10.58	\$1.61
<b>Quarterly Per Diem Add-on Amounts</b>												
21	Efficiency Add-on Per Diem ((Std - Actd) 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	
22	BIMS Add-on Per Diem =	Ln 19 Col b x CPS Add-on	\$2.85	\$2.85								
23	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$3.42	\$3.42								
24	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
25	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.49	\$6.80	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
26	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$229.33	\$120.85	\$0.00	\$20.20	\$26.70	\$0.00	\$42.33	\$7.06	\$10.58	\$1.61
27	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$159.17									

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>10/1/2020</b>	Growth Allowance: <b>N/A</b>	Qtrly BIMS score: <b>53.1%</b>	5.5%	13.37%	Base Period Overall CMI: <b>1.5323</b>					1.5323	1.3617
	MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>	Nurse Hours per On-Site Day/Quality Incentive: <b>3.38</b>	3.0%	3.38	3.0%	Quarterly Medicaid CMI: <b>1.5928</b>					1.5928	1.5138
						Qtrly Mcaid CMI w RUG Wght Options: <b>1.6241</b>					1.6241	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility 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 Adjstmnts	(\$74,729)	(\$6,607)	\$0	(\$1,240)	(\$287)	(\$1,099)	(\$65,329)		(\$24,958)	\$24,791
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,059,218	\$2,374,101	\$0	\$371,787	\$246,361	\$216,027	\$488,925	\$190,072	\$147,154	\$24,791
8	Total Nursing Facility Days As Filed Days = 26,925	FY12 Audited C/R Days	26,925									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,297	FY 18 GL-PL Ins Rpt Days								25,297		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$151.21	\$88.17	\$0.00	\$13.81	\$17.17	(with L&H)	\$18.16	\$7.51	\$5.47	\$0.92
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5323								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.54								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$57.54	\$0.00	\$13.81	\$17.17		\$18.16	\$7.51	\$5.47	\$0.92
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$123.55	\$57.54	\$0.00	\$13.81	\$17.17		\$18.16	\$7.51	8.44 (FRV)	\$0.92
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14.27	\$7.69	\$0.00	\$1.85	\$2.30	\$0.00	\$2.43	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$137.82	\$65.23	\$0.00	\$15.66	\$19.47	\$0.00	\$20.59	\$7.51	\$8.44	\$0.92
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6241								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.94								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.53	\$105.94	\$0.00	\$15.66	\$19.47	\$0.00	\$20.59	\$7.51	\$8.44	\$0.92
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem (Std - 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	\$5.83	\$5.83								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sifng 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	\$27.64	\$9.54	\$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	\$206.17	\$115.48	\$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	\$141.80									

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	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,512,345	\$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									
8	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		1.4114								
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 = 13.37%	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		1.6918								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$132.59								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$218.88	\$132.59	\$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 ((Stnd - Awe) 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 = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.31	\$3.31								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (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	\$24.51	\$6.49	\$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	\$243.39	\$139.08	\$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	\$169.72									

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>10/1/2020</b>		Growth Allowance: <b>N/A</b>		<b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.4014</b>				<b>1.4014</b>	<b>1.4014</b>
		MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Qtrly BIMS score: <b>29.5%</b>		<b>29.5%</b>	<b>1.0%</b>	Quarterly Medicaid CMI: <b>1.4275</b>				<b>1.5138</b>	<b>1.5138</b>
		Nurse Hours per On-Site Day/Quality Incentive:		<b>3.28</b>		<b>3.28</b>	<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.4526</b>				<b>1.4526</b>	<b>1.5405</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		h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>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	\$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 Adjstmnts	(\$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 Allownc %	\$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>1.4526</b>									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.00									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$201.45	\$108.00	\$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 ([(Std - 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		
21	BIMS Add-on Per Diem =	Ln 19 Col b x CPS Add-on	\$1.08	\$1.08									
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$2.16	\$2.16									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.09	\$3.77	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$222.54</b>	<b>\$111.77</b>	<b>\$0.00</b>	<b>\$19.02</b>	<b>\$26.70</b>	<b>\$0.00</b>	<b>\$44.33</b>	<b>\$8.21</b>	<b>\$11.29</b>	<b>\$1.22</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$154.08</b>										

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

FINAL

Provider: <b>PruittHealth - Fairburn, LLC</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: <b>00142997A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.4922</b>					<b>1.4922</b>	<b>1.3617</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.84</b>		Qtrly BIMS score: <b>20.0%</b>	<b>1.0%</b>	Quarterly Medicaid CMI: <b>1.6371</b>					<b>1.6371</b>	<b>1.5138</b>
						Qtrly Mcaid CMI w RUG Wght Options: <b>1.6668</b>					<b>1.6668</b>	<b>1.5405</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	\$5,504,987	\$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	FY12 Audited C/R Days	27,871									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,028	FY 18 GL-PL Ins Rpt Days								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 = 13.37%	Ln 14 x Grwth Allwnc %	\$17.49	\$9.56	\$0.00	\$2.25	\$2.93	\$0.00	\$2.75	N/A	N/A	N/A
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		1.6668								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$135.13								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$226.41	\$135.13	\$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 - 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	\$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 = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.70	\$2.70								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.78	\$4.05	\$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	\$248.19	\$139.18	\$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	\$173.32									

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

FINAL

Provider: <b>PruittHealth- Fitzgerald</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: <b>00140995A</b>		Case Mix Per Diem Rate Effective Date: <b>10/01/20</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.2807</b>					<b>1.2807</b>	<b>1.3699</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Qtrly BIMS score: <b>33.9%</b>		<b>2.5%</b>	<b>2.0%</b>	Quarterly Medicaid CMI: <b>1.4234</b>					<b>1.4234</b>	<b>1.5138</b>
		Nurse Hours per On-Site Day/Quality Incentive: <b>3.20</b>		<b>2.0%</b>		Qtrly Mcaid CMI w RUG Wght Options: <b>1.4497</b>					<b>1.4497</b>	<b>1.5405</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> <i>All Facilities All Bed Sizes</i>	<b>1</b> <i>All Facilities All Bed Sizes</i>	<b>2</b> <i>Free Standing All Bed Sizes</i>	<b>1</b> <i>All Facilities All Bed Sizes</i>	<b>1</b> <i>All Facilities All Bed Sizes</i>	<b>1</b> <i>All Facilities 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		<u>1.2807</u>								
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	
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 = <u>13.4%</u>	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		<u>1.4497</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.56								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.30	\$92.56	\$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 ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.31	\$2.31								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Sflng Add-on	\$1.85	\$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	\$22.01	\$4.69	\$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	\$203.31	\$97.25	\$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	\$139.66									

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>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.3512</b>					<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.07</b>		Qtrly BIMS score: <b>22.4%</b>	<b>1.0%</b>	Quarterly Medicaid CMI: <b>1.4380</b>					<b>1.5138</b>	
						Qtrly Mcaid CMI w RUG Wght Options: <b>1.4623</b>					<b>1.5405</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	\$5,844,982	\$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 Adjstmnts	(\$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		40,820								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 40,031								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 =	Ln 14 x Grwth Allwnc %	\$14.27	\$7.66	\$0.00	\$1.89	\$2.45	\$0.00	\$2.27	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$137.00	\$64.97	\$0.00	\$16.04	\$20.76	\$0.00	\$19.25	\$7.21	\$7.58	\$1.19
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.4623</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.01								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$167.04	\$95.01	\$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 (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 =	Ln 19 Col b x CPS Add-on	\$0.95	\$0.95								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Sifng Add-on	\$0.95	\$0.95								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.53	\$2.43	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$187.57</b>	<b>\$97.44</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>\$127.85</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	\$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		1.3220								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$84.04								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$158.01	\$84.04	\$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 (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	\$2.10	\$2.10								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$1.68	\$1.68								
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	\$22.04	\$4.31	\$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	\$180.05	\$88.35	\$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	\$122.21									

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>10/1/2020</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>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.49</b>		Qtrly BIMS score: <b>35.3%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.4583</b>					<b>1.5138</b>	
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.4851</b>					<b>1.5405</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	\$3,598,275	\$1,814,648	\$0	\$313,153	\$240,444	\$213,026	\$539,982	\$166,012	\$311,010	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$65,894)	(\$5,458)	\$0	(\$867)	\$147	\$480	(\$60,375)		(\$23,339)	\$23,518
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,532,381	\$1,809,190	\$0	\$312,286	\$240,591	\$213,506	\$479,607	\$166,012	\$287,671	\$23,518
8	Total Nursing Facility Days	As Filed Days = 23,575	23,575									
8	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 22,296								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	\$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>1.4851</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.55								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.98	\$96.55	\$0.00	\$15.02	\$21.84	\$0.00	\$23.06	\$7.45	\$8.06	\$1.00
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem (Std - Atwd) 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	\$2.41	\$2.41								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <b>3.0%</b> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.90	\$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	\$23.73	\$5.84	\$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	\$196.71	\$102.39	\$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	\$134.71									

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>10/1/2020</b>		Growth Allowance: <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>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.40</b>		Qtrly BIMS score: <b>31.7%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.5186</b>					<b>1.5138</b>	
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.5472</b>					<b>1.5405</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)		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	\$4,802,486	\$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	31,097									
8	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 30,418								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 =	Ln 14 x Growth 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>1.5472</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.75								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$176.96	\$105.75	\$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 =	Ln 19 Col b x CPS Add-on	\$2.64	\$2.64								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng 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	\$201.40	\$112.09	\$0.00	\$16.82	\$18.58	\$0.00	\$38.77	\$7.12	\$7.21	\$0.81
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$138.23									

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	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 Realocations to Cost Center Costs	FY12 C/R Audit Adjtrmts	(\$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		1.4635								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.01								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.57	\$99.01	\$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 (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	\$2.48	\$2.48								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.97	\$2.97								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.08	\$5.98	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$198.65	\$104.99	\$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	\$136.16									

**2ND OWNER C/R**

FINAL

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				13.37%		Base Period Overall CMI: 1.2708				1.3617	
Case Mix Per Diem Rate Effective Date: <b>10/01/20</b>	Qtrly Cognitive Performance Scale: 17.1%				0.0%		Quarterly Medicaid CMI: 1.5093				1.5138	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>	Nurse Hours per On-Site Day/Quality Incentive: 4.07				2.0%		Qtrly Mcaid CMI w RUG Wght Options: 1.5347				1.5405	

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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)	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	30,556	\$2.63	\$1.53
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.2708</u>								
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 Allwnc %	\$17.77	\$9.56	\$0.00	\$2.37	\$3.09	\$0.00	\$2.75		N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$162.16	\$81.07	\$0.00	\$20.09	\$26.18	\$0.00	\$23.31	\$7.36	\$22.93	\$1.53
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.5347</u>							(FRV)	
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$124.42								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$225.82	\$124.42	\$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 ((Stand - Ahdw) x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00		\$0.22	\$0.00		\$0.00		NA	
21	Cognitiv Perfrm Scale Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.49	\$ 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	\$19.81	\$2.49	\$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	\$245.62	\$126.91	\$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	\$171.39									

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>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.4894</b>					<b>1.4894</b>	<b>1.3617</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.65</b>		Qtrly BIMS score: <b>24.6%</b>	<b>1.0%</b>	Quarterly Medicaid CMI: <b>1.5295</b>					<b>1.5295</b>	<b>1.5138</b>
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.5559</b>					<b>1.5559</b>	<b>1.5405</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> Type of Facility 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	\$6,467,213	\$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	32,413									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 32,284								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		1.5559								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.65								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$224.31	\$114.65	\$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 - 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 = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.15	\$1.15								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sftng Add-on	\$3.44	\$3.44								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.22	\$5.12	\$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	\$246.53	\$119.77	\$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	\$172.07									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY13 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	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>											
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	19,843									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 40,456								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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY10		1.2754								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.78								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$69.78	\$0.00	\$16.29	\$18.60		\$24.97	\$7.08	\$16.37	\$1.48
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.90	\$0.00	\$19.14	\$23.27		\$23.46	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$152.60	\$69.78	\$0.00	\$16.29	\$18.60		\$23.46	\$7.08	15.91 (FRV)	\$1.48
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Allwnc %	\$17.14	\$9.33	\$0.00	\$2.18	\$2.49	\$0.00	\$3.14	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$169.74	\$79.11	\$0.00	\$18.47	\$21.09	\$0.00	\$26.60	\$7.08	\$15.91	\$1.48
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7863								
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	\$231.94	\$141.31	\$0.00	\$18.47	\$21.09	\$0.00	\$26.60	\$7.08	\$15.91	\$1.48
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Atwcl) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.53	\$3.53								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	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	\$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	\$256.56	\$148.20	\$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	\$179.60									

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>10/1/2020</b>		Growth Allowance: <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>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.51</b>		Qtrly BIMS score: <b>49.1%</b>	<b>5.5%</b>	Quarterly Medicaid CMI: <b>1.7708</b>					<b>1.7708</b>	<b>1.5138</b>
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.8041</b>					<b>1.8041</b>	<b>1.5405</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										
8	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 29,649								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, AllQthr = 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 =	Ln 14 x Grwth Allownc %	\$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		1.8041								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.48								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllQthr = Ln 16	\$180.85	\$96.48	\$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 - 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 =	Ln 19 Col b x CPS Add-on	\$5.31	\$5.31								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Slfng 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	\$26.83	\$8.73	\$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	\$207.68	\$105.21	\$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	\$142.94									

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> <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	\$3,654,415	\$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 Adjstmnts	(\$87,423)	(\$9,313)	\$0	(\$452)	\$0	(\$839)	(\$76,819)		(\$17,824)	\$17,824
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,566,992	\$2,001,165	\$0	\$317,372	\$273,019	\$298,934	\$416,964	\$199,696	\$42,018	\$17,824
8	Total Nursing Facility Days	As Filed Days = 24,301 FY12 Audited C/R Days		24,301								
8	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 26,782 FY 18 GL-PL Ins Rpt Days								26,782		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$146.03	\$82.35	\$0.00	\$13.06	\$23.54	(with L&H)	\$17.16	\$7.46	\$1.73	\$0.73
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2064								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.26								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$68.26	\$0.00	\$13.06	\$23.54		\$17.16	\$7.46	\$1.73	\$0.73
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$139.45	\$68.26	\$0.00	\$13.06	\$23.09		\$17.16	\$7.46	9.69 (FRV)	\$0.73
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage =	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	\$155.71	\$77.39	\$0.00	\$14.81	\$26.18	\$0.00	\$19.45	\$7.46	\$9.69	\$0.73
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4063								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.83								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.15	\$108.83	\$0.00	\$14.81	\$26.18	\$0.00	\$19.45	\$7.46	\$9.69	\$0.73
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem (Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem =	Ln 19 Col b x CPS Add-on	\$1.09	\$1.09								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng 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	\$21.49	\$3.80	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$208.64</b>	<b>\$112.63</b>	<b>\$0.00</b>	<b>\$15.03</b>	<b>\$26.18</b>	<b>\$0.00</b>	<b>\$36.92</b>	<b>\$7.46</b>	<b>\$9.69</b>	<b>\$0.73</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$143.66</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	\$3,886,734	\$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		1.4840								
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 =	Ln 14 x Grwth Allwnc %	\$14.89	\$7.14	\$0.00	\$1.96	\$3.04	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$152.36	\$60.52	\$0.00	\$16.64	\$25.80	\$0.00	\$23.31	\$7.00	\$18.56	\$0.53
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4885								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.08								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.92	\$90.08	\$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 (Stnd - Atwd] 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 =	Ln 19 Col b x CPS Add-on	\$0.90	\$0.90								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Sifng 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	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$203.62	\$94.21	\$0.00	\$16.86	\$26.05	\$0.00	\$40.41	\$7.00	\$18.56	\$0.53
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$139.89									

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

FINAL

Provider: <b>PruittHealth- Ocilla</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: <b>00142315A</b>		Case Mix Per Diem Rate Effective Date: <b>10/01/20</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.2894</b>					<b>1.2894</b>	<b>1.3699</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.32</b>		Qtrly BIMS score: <b>37.5%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.5856</b>					<b>1.5856</b>	<b>1.5138</b>
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.6149</b>					<b>1.6149</b>	<b>1.5405</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 FY13 C/R	\$2,182,584	\$1,021,452	\$0	\$189,330	\$134,583	\$156,353	\$367,726	\$199,696	\$113,444	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmnts	(\$66,843)	(\$596)	\$0	(\$1,057)	\$0	\$0	(\$73,521)		(\$4,692)	\$13,023
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$2,115,741	\$1,020,856	\$0	\$188,273	\$134,583	\$156,353	\$294,205	\$199,696	\$108,752	\$13,023
8	Total Nursing Facility Days As Filed Days = 12,967	FY13 Audited C/R Days	12,967									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,080	FY 18 GL-PL Ins Rpt Days								23,080		
10	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
11	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		<b>1.2894</b>								
12	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.06								
13	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
14	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	
15	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	\$1.00
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
16	Growth Allowance Percentage = <b>13.4%</b>	Ln 14 x Grwth Allownc %	\$16.13	\$8.16	\$0.00	\$1.94	\$3.00	\$0.00	\$3.03	N/A	N/A	N/A
17	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
18	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.6149</b>								
19	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.78								
20	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$198.00	\$111.78	\$0.00	\$16.46	\$25.44	\$0.00	\$25.72	\$8.65	\$8.95	\$1.00
<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)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
22	BIMS Add-on Per Diem = <b>2.5%</b> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.79	\$2.79								
23	Nurse Staff Hrs / Quality Add-on Per Diem = <b>3.0%</b> (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$3.35	\$3.35								
24	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
25	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.77	\$6.67	\$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	\$222.77	\$118.45	\$0.00	\$16.68	\$25.85	\$0.00	\$43.19	\$8.65	\$8.95	\$1.00
27	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$154.25									

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	\$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 =	Ln 14 x Grwth Allownc %	\$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 Resident's	per Current Qtr End		1.4166								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$80.69								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 16, AllOthr = Ln 16	\$146.42	\$80.69	\$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 (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	\$2.02	\$2.02								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	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	\$23.07	\$4.97	\$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	\$169.49	\$85.66	\$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	\$114.29									

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

FINAL

Provider: <b>PruittHealth - Palmyra</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: <b>00142337A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: <b>N/A</b>		<b>32.6%</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>06/30/20</b>		Qtrly BIMS score: <b>3.96</b>		<b>2.5%</b>	<b>3.0%</b>	Quarterly Medicaid CMI: <b>1.5004</b>				<b>1.5138</b>	
				Nurse Hours per On-Site Day/Quality Incentive: <b>3.96</b>				Qtrly Mcaid CMI w RJG Wght Options: <b>1.5261</b>				<b>1.5405</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 Adjstmnts	(\$1,099,099)	\$0	\$0	\$0	\$0	\$0	(\$1,099,099)		(\$37,252)	\$37,252	
7	Cost Center Costs After Audit Adjustments	12/31/14 Audited C/R	\$8,936,754	\$4,372,266	\$0	\$838,307	\$608,158	\$932,237	\$1,059,285	\$601,493	\$487,756	\$37,252	
8	Total Nursing Facility Days	As Filed Days = 60,292											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed 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	\$0.62	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.3544									
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 =	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		1.5261									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.63									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$171.92	\$92.63	\$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 =	Ln 19 Col b x CPS Add-on	\$2.32	\$2.32									
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Sflng 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	\$23.32	\$5.63	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$195.24</b>	<b>\$98.26</b>	<b>\$0.00</b>	<b>\$15.98</b>	<b>\$26.70</b>	<b>\$0.00</b>	<b>\$37.39</b>	<b>\$7.58</b>	<b>\$8.71</b>	<b>\$0.62</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$133.61</b>										

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
Prvd ID: <b>00143327A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.4021</b>					<b>1.4021</b>	<b>1.3617</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>4.01</b>		Qtrly BIMS score: <b>34.6%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.4748</b>					<b>1.4748</b>	<b>1.5138</b>
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.5010</b>					<b>1.5010</b>	<b>1.5405</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>											
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	\$7,408,690	\$4,050,040	\$0	\$669,820	\$481,400	\$414,957	\$920,986	\$293,529	\$577,958	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$137,112)	(\$2,733)	\$0	(\$115)	(\$5,708)	(\$4,921)	(\$116,792)		(\$119,471)	\$112,628
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,271,578	\$4,047,307	\$0	\$669,705	\$475,692	\$410,036	\$804,194	\$293,529	\$458,487	\$112,628
8	Total Nursing Facility Days	As Filed Days = 42,749 FY12 Audited C/R Days	42,749									
8	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 41,326 FY 18 GL-PL Ins Rpt Days								41,326		
9	Net Per Diems prior to Case Mix 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		1.4021								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.53								
12	Net Per Diems after Case Mix 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 (FRV)	\$2.63
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage =	Ln 14 x Grwth Allwnc %	\$16.41	\$9.03	\$0.00	\$2.10	\$2.77	\$0.00	\$2.51	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$164.47	\$76.56	\$0.00	\$17.77	\$23.49	\$0.00	\$21.32	\$7.10	\$15.60	\$2.63
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End				1.5010						
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.92								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.83	\$114.92	\$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 - 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	\$2.87	\$2.87								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$3.45	\$3.45								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.95	\$6.85	\$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	\$227.78	\$121.77	\$0.00	\$17.99	\$23.90	\$0.00	\$38.79	\$7.10	\$15.60	\$2.63
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$158.01									

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 Operatnns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g			
<b>Provider: PruittHealth- Rome</b> <b>Prvdr ID: 299031876A</b> Case Mix Per Diem Rate Effective Date: 10/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 06/30/20 Add-on Data and Percentages: Growth Allowance: N/A Qtrly BIMS score: 40.0% Nurse Hours per On-Site Day/Quality Incentive: 3.62 Facility Score: 3.62 Add-on Percent: 3.0% Case Mix Index (CMI) Data: Base Period Overall CMI: 1.3499 Quarterly Medicaid CMI: 1.5899 Qtrly Mcaid CMI w RUG Wght Options: 1.6176 Facility Specific: 1.3499 State-wide: 1.4014 1.5138 1.5405												
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <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	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY 14 C/R - FY 18 GL-PL Rpt	\$3,269,285	\$1,421,270	\$0	\$302,768	\$145,782	\$429,310	\$569,705	\$240,597	\$159,853	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY14 C/R Audit Adjstmnts	(\$78,774)	\$0	\$0	\$0	\$605	\$1,781	(\$81,716)		(\$25,246)	\$25,802
7	Cost Center Costs After Audit Adjustments	FY14 Audited C/R	\$3,190,511	\$1,421,270	\$0	\$302,768	\$146,387	\$431,091	\$487,989	\$240,597	\$134,607	\$25,802
8	Total Nursing Facility Days	As Filed Days = 18,323	18,323									
9	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 34,387								34,387		
10	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$168.00	\$77.57	\$0.00	\$16.52	\$31.52	(with L&H)	\$26.63	\$7.00	\$7.35	\$1.41
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 Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$57.46	\$0.00	\$16.52	\$31.52		\$26.63	\$7.00	\$7.35	\$1.41
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	
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 =	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		1.6176								
19	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.37								
20	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$197.40	\$105.37	\$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	
22	BIMS Add-on Per Diem =	Ln 19 Col b x CPS Add-on	\$2.63	\$2.63								
23	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$3.16	\$3.16								
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	\$23.64	\$6.32	\$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	\$221.04	\$111.69	\$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	\$152.96									

Quarterly Case Mix Per Diem Calculation

Provider: Pruitt Health - Savannah Prvdr ID: 00238323A H/B?: No		Add-on Data and Percentages Growth Allowance: BIMS: Nurse Hours per On-Site Day/Quality Incentive:		Facility Score N/A 18.9%	Add-on Percent 13.37% 0.0%	Case Mix Index (CMI) Data Base Period Overall CMI: Quarterly Medicaid CMI: Qtrly Mcaid CMI w RUG Wght Options:			Facility Specific 1.5049 1.4989 1.5251	State-wide 1.3617 1.5138 1.5405		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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>			<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>			
	<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								\$ 288,717		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								40,469		
	Standard Per Diem (After CMA for Routine Svcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$25.51	\$0.92
	<u>Allowed @ 95% of Std</u>		\$153.32	\$67.93		\$17.49	\$21.94		\$19.53		\$25.51	\$0.92
	Growth Allowance 13.4%		\$16.97	\$9.08		\$2.34	\$2.93		\$2.61			
	CMA Allowed Per Diem (After Growth Allowance)		\$177.42	\$77.01		\$19.83	\$24.87		\$22.14	\$ 7.13	\$25.51	\$0.92
	Quarterly Facility Case Mix Index for Medicaid Residents			1.5251							(FRV Rate)	
	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$117.45								
	Quarterly Medicaid CMA Allowed Per Diem		\$217.85	\$117.45		\$19.83	\$24.87		\$22.14	\$7.13	\$25.51	\$0.92
	<b>Quarterly Per Diem Add-On Amounts</b>											
	BIMS Add-on Per Diem = 0.0% to Routine Svcs)		\$0.00	\$0.00								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$3.52	\$3.52								
	Nursing Home Provider Fee		\$17.10						17.10			
	<b>Total Quarterly Per Diem Add-On Amounts</b>		\$20.62									
	<b>Quarterly Case Mix Based Per Diem Rate</b>		\$238.48	\$120.97		\$19.83	\$24.87		\$39.24	\$7.13	\$25.51	\$0.92
	<b>Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%</b>		\$166.03									

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

FINAL

Provider: <b>PruittHealth - Shepherd Hills, LLC</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvd ID: <b>00142964A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.4305</b>					<b>1.4305</b>	<b>1.3617</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.42</b>		Qtrly BIMS score: <b>20.7%</b>	<b>1.0%</b>	Quarterly Medicaid CMI: <b>1.4364</b>					<b>1.4364</b>	<b>1.5138</b>
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.4628</b>					<b>1.4628</b>	<b>1.5405</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>	(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	\$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	39,683									
8	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 37,862								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 (FRV)	\$0.98
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage =	Ln 14 x Grwth Allwnc %	\$13.62	\$7.38	\$0.00	\$1.77	\$2.27	\$0.00	\$2.20	N/A	N/A	N/A
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		1.4628								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.51								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$159.23	\$91.51	\$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 - Ahtd) x .75, 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	\$0.92	\$0.92								
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	\$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	\$181.53	\$95.71	\$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	\$123.32									

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

FINAL

Provider: <b>PruittHealth - Sunrise, LLC</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00143173A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.3624</b>				<b>1.3617</b>	<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>4.07</b>		Qtrly BIMS score: <b>30.4%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.4989</b>				<b>1.5138</b>	<b>1.5138</b>	
				Qtrly Mcaid CMI w RUG Wght Options: <b>4.07</b>	<b>3.0%</b>					<b>1.5263</b>	<b>1.5405</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	\$2,978,696	\$1,446,356	\$0	\$308,457	\$188,495	\$220,501	\$462,134	\$144,358	\$208,395	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$58,626)	(\$2,358)	\$0	(\$869)	\$0	\$0	(\$55,393)		(\$20,929)	\$20,929
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,920,070	\$1,443,998	\$0	\$307,588	\$188,495	\$220,501	\$406,741	\$144,358	\$187,466	\$20,929
8	Total Nursing Facility Days As Filed Days = 21,352	FY12 Audited C/R Days	21,352									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,808	FY 18 GL-PL Ins Rpt Days								19,808		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$137.29	\$67.63	\$0.00	\$14.41	\$19.15	(with L&H)	\$19.05	\$7.29	\$8.78	\$0.98
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3624								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.64								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$49.64	\$0.00	\$14.41	\$19.15		\$19.05	\$7.29	\$8.78	\$0.98
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$120.08	\$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 = 13.37%	Ln 14 x Gwth Allwnc %	\$13.68	\$6.64	\$0.00	\$1.93	\$2.56	\$0.00	\$2.55	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$133.76	\$56.28	\$0.00	\$16.34	\$21.71	\$0.00	\$21.60	\$7.29	\$9.56	\$0.98
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5263								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$85.90								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$163.38	\$85.90	\$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 - Awd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.15	\$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	\$23.36	\$5.26	\$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	\$186.74	\$91.16	\$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	\$127.23									

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	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 Realocations 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	33,677									
9	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 29,277								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		1.5407								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.83								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.33	\$104.83	\$0.00	\$14.66	\$20.58	\$0.00	\$19.99	\$8.46	\$8.89	\$0.92
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem (Stnd - 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	\$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	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$202.72	\$111.12	\$0.00	\$14.88	\$20.99	\$0.00	\$37.46	\$8.46	\$8.89	\$0.92
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$139.22									

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

FINAL

Provider: <b>PruittHealth- Sylvester</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: <b>00143206A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.3730</b>				<b>1.4014</b>	<b>1.4014</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.73</b>		Qtrly BIMS score: <b>26.3%</b>	<b>1.0%</b>	Quarterly Medicaid CMI: <b>1.2696</b>				<b>1.5138</b>	<b>1.5405</b>	
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.2911</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	\$4,586,489	\$1,830,958	\$0	\$352,690	\$278,432	\$442,485	\$1,057,601	\$281,499	\$342,824	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	12/31/14 C/R Audit Adjstmnts	(\$517,210)	\$0	\$0	\$0	\$0	\$0	(\$517,210)		(\$21,498)	\$21,498
7	Cost Center Costs After Audit Adjustments	12/31/14 Audited C/R	\$4,069,279	\$1,830,958	\$0	\$352,690	\$278,432	\$442,485	\$540,391	\$281,499	\$321,326	\$21,498
8	Total Nursing Facility Days	As Filed Days = 27,754										
8	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 38,792								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 =	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		1.2911								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$70.33								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$151.15	\$70.33	\$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 - AWrd) 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	\$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	\$21.03	\$3.34	\$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	\$172.18	\$73.67	\$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	\$116.31									

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>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.3444</b>					<b>1.3444</b>	<b>1.3617</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.28</b>		Qtrly BIMS score: <b>40.6%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.6051</b>					<b>1.6051</b>	<b>1.5138</b>
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.6337</b>					<b>1.6337</b>	<b>1.5405</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	\$3,076,559	\$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 Adjstmnts	(\$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									
8	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 qtrs of FY12		1.3444								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.17								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, 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 (FRV)	\$1.24
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage =	Ln 14 x Grwth Allwnc %	\$14.95	\$7.51	\$0.00	\$1.98	\$2.86	\$0.00	\$2.60	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$149.51	\$63.68	\$0.00	\$16.79	\$24.28	\$0.00	\$22.08	\$7.45	\$13.99	\$1.24
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6337								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.03								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$189.86	\$104.03	\$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 ((Stnd - Awa) x .75, 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	\$2.60	\$2.60								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$3.12	\$3.12								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.35	\$6.25	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$214.21	\$110.28	\$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	\$147.83									

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

FINAL

Provider: <b>PruittHealth - Valdosta</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: <b>00141369A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.6176</b>					<b>1.6176</b>	<b>1.3617</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.28</b>		Qtrly BIMS score: <b>37.5%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.6913</b>					<b>1.6913</b>	<b>1.5138</b>
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.7247</b>					<b>1.7247</b>	<b>1.5405</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	\$5,327,017	\$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 Adjstms	(\$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		<u>1.6176</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.82								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.82	\$0.00	\$13.90	\$18.49		\$22.04	\$7.37	\$5.03	\$1.08
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.66	\$55.82	\$0.00	\$13.90	\$18.49		\$20.56	\$7.37	9.44 (FRV)	\$1.08
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$14.54	\$7.46	\$0.00	\$1.86	\$2.47	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.20	\$63.28	\$0.00	\$15.76	\$20.96	\$0.00	\$23.31	\$7.37	\$9.44	\$1.08
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.7247</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.14								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.06	\$109.14	\$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 (IStand - 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>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.73	\$2.73								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.27	\$3.27								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.26	\$6.53	\$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	\$211.32	\$115.67	\$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	\$145.67									

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

FINAL

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>10/1/2020</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>06/30/20</b>		Qtrly BIMS score: <b>38.3%</b>		<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.5188</b>				<b>1.5138</b>		
				Nurse Hours per On-Site Day/Quality Incentive: <b>3.64</b>		<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.5457</b>				<b>1.5405</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	\$8,547,096	\$4,755,817	\$0	\$719,530	\$339,759	\$298,657	\$1,327,791	\$306,121	\$799,421	\$0	
6	Audit Adjustments and Realocations 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 16 GL-PL Ins Rpt Days								41,304			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$213.05	\$118.38	\$0.00	\$17.94	\$17.43	(with L&H)	\$30.32	\$7.41	\$19.71	\$1.86	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4219									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$83.26									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$83.26	\$0.00	\$17.94	\$17.43		\$30.32	\$7.41	\$19.71	\$1.86	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$148.61	\$71.51	\$0.00	\$17.94	\$17.43		\$20.56	\$7.41	11.90 (FRV)	\$1.86	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$17.04	\$9.56	\$0.00	\$2.40	\$2.33	\$0.00	\$2.75	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$165.65	\$81.07	\$0.00	\$20.34	\$19.76	\$0.00	\$23.31	\$7.41	\$11.90	\$1.86	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5457									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$125.31									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$209.89	\$125.31	\$0.00	\$20.34	\$19.76	\$0.00	\$23.31	\$7.41	\$11.90	\$1.86	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Stnd - 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	\$0.00	\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.13	\$3.13									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.76	\$3.76									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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	\$234.51	\$132.20	\$0.00	\$20.56	\$20.17	\$0.00	\$40.41	\$7.41	\$11.90	\$1.86	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$163.06										

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>10/1/2020</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>06/30/20</b>		Qtrly BIMS score: <b>47.1%</b>	<b>5.5%</b>	Quarterly Medicaid CMI: <b>1.6590</b>					<b>1.5138</b>	
				Nurse Hours per On-Site Day/Quality Incentive: <b>3.29</b>	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.6907</b>					<b>1.5405</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	\$2,448,193	\$1,253,489	\$0	\$233,916	\$148,864	\$206,817	\$397,926	\$113,081	\$94,100	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$44,144)	(\$2,500)	\$0	(\$600)	\$0	\$1,342	(\$42,386)		(\$21,413)	\$21,413
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,404,049	\$1,250,989	\$0	\$233,316	\$148,864	\$208,159	\$355,540	\$113,081	\$72,687	\$21,413
8	Total Nursing Facility Days As Filed Days = 16,572	FY12 Audited C/R Days	16,572									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 14,786	FY 18 GL-PL Ins Rpt Days								14,786		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$145.89	\$75.49	\$0.00	\$14.08	\$21.54	(with L&H)	\$21.45	\$7.65	\$4.39	\$1.29
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5606								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.37								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$48.37	\$0.00	\$14.08	\$21.54		\$21.45	\$7.65	\$4.39	\$1.29
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$122.10	\$48.37	\$0.00	\$14.08	\$21.54		\$20.56	\$7.65	8.61 (FRV)	\$1.29
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$13.98	\$6.47	\$0.00	\$1.88	\$2.88	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$136.08	\$54.84	\$0.00	\$15.96	\$24.42	\$0.00	\$23.31	\$7.65	\$8.61	\$1.29
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6907								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.72								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$173.96	\$92.72	\$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 - 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 = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.10	\$5.10								
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	\$26.14	\$8.41	\$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	\$200.10	\$101.13	\$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	\$137.25									

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

FINAL

Provider: <b>PruittHealth - West Atlanta</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: <b>00256088A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.3473</b>					<b>1.3617</b>	<b>1.3617</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.20</b>		Qtrly BIMS score: <b>22.1%</b>	<b>1.0%</b>	Quarterly Medicaid CMI: <b>1.3072</b>					<b>1.5138</b>	<b>1.5138</b>
				Qtrly Mcaid CMI w RUG Wght Options: <b>1.3284</b>							<b>1.3284</b>	<b>1.5405</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	\$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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.3473</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.80								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$62.80	\$0.00	\$14.82	\$25.01		\$20.40	\$8.34	\$5.06	\$1.62
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$141.13	\$62.80	\$0.00	\$14.82	\$23.09		\$20.40	\$8.34	10.06	\$1.62
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Growth Allownc %	\$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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.3284</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.58								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$180.71	\$94.58	\$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 (Stdnd - Awd) 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 = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.95	\$0.95								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$1.89	\$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	\$20.81	\$3.37	\$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	\$201.52	\$97.95	\$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	\$138.32									

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

FINAL

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>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.4845</b>					<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		<b>35.1%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.5606</b>					<b>1.5138</b>	
				<b>3.40</b>	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.5877</b>					<b>1.5405</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	\$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										
	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		<b>1.4845</b>								
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	\$1.60
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.37%</u>	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		<b>1.5877</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.03								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16		\$189.89	\$108.03	\$0.00	\$18.46	\$22.89	\$0.00	\$19.91	\$9.96	\$9.04
<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	\$0.00
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on		\$2.70	\$2.70							
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on		\$3.24	\$3.24							
23	Nursing Home Provider Fee	(Fixed Amount)		\$17.10					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23		\$24.57	\$6.47	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24		\$214.46	\$114.50	\$0.00	\$18.68	\$23.30	\$0.00	\$37.38	\$9.96	\$9.04
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75		\$148.02								

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 & Houskng	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	\$4,983,322	\$2,933,620	\$0	\$449,638	\$351,262	\$202,780	\$638,605	\$240,597	\$166,820	\$0
6	Audit Adjustments and Realocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$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	31,903									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 30,960								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 =	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		1.6172								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.37								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.80	\$116.37	\$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 (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	\$1.16	\$1.16								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$3.49	\$3.49								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.28	\$5.18	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$212.08	\$121.55	\$0.00	\$16.19	\$20.02	\$0.00	\$36.99	\$7.77	\$8.91	\$0.65
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$146.24									

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>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.5432</b>					<b>1.5432</b>	<b>1.3617</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.56</b>		Qtrly BIMS score: <b>20.5%</b>	<b>1.0%</b>	Quarterly Medicaid CMI: <b>1.6047</b>					<b>1.6047</b>	<b>1.5138</b>
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.6335</b>					<b>1.6335</b>	<b>1.5405</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	19,472									
8	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		1.5432								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.59								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$59.59	\$0.00	\$16.34	\$24.21		\$23.92	\$7.58	\$9.91	\$2.13
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$147.14	\$59.59	\$0.00	\$16.34	\$23.09		\$20.56	\$7.58	17.85 (FRV)	\$2.13
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage =	Ln 14 x Growth Allownc %	\$15.99	\$7.97	\$0.00	\$2.18	\$3.09	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$163.13	\$67.56	\$0.00	\$18.52	\$26.18	\$0.00	\$23.31	\$7.58	\$17.85	\$2.13
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6335								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.36								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$205.93	\$110.36	\$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 (SInd - Ahdnt) 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	\$1.10	\$1.10								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Slfng Add-on	\$3.31	\$3.31								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.26	\$4.94	\$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	\$228.19	\$115.30	\$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	\$158.32									

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	\$4,937,452	\$2,647,154	\$0	\$487,285	\$349,490	\$267,630	\$698,980	\$240,597	\$246,316	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$93,574)	(\$9,162)	\$0	(\$1,591)	\$1,750	(\$1,029)	(\$84,777)		(\$19,897)	\$21,132
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,843,878	\$2,637,992	\$0	\$485,694	\$351,240	\$266,601	\$614,203	\$240,597	\$226,419	\$21,132
8	Total Nursing Facility Days As Filed Days = 32,593	FY12 Audited C/R Days	32,593									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,261	FY 18 GL-PL Ins Rpt Days								29,261		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$149.46	\$80.94	\$0.00	\$14.90	\$18.96	(with L&H)	\$18.84	\$8.22	\$6.95	\$0.65
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2862								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.93								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$62.93	\$0.00	\$14.90	\$18.96		\$18.84	\$8.22	\$6.95	\$0.65
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$132.23	\$62.93	\$0.00	\$14.90	\$18.96		\$18.84	\$8.22	7.73 (FRV)	\$0.65
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Growth Allownc %	\$15.45	\$8.41	\$0.00	\$1.99	\$2.53	\$0.00	\$2.52	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$147.68	\$71.34	\$0.00	\$16.89	\$21.49	\$0.00	\$21.36	\$8.22	\$7.73	\$0.65
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4468								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.21								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$179.55	\$103.21	\$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 - 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 = 2.0% (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$2.06	\$2.06								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.72	\$3.62	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$201.27	\$106.83	\$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	\$138.13									

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 & 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>Provider: PruittHealth -Lilburn, LLC</b> <b>Prvdr ID: 00145527A</b> Case Mix Per Diem Rate Effective Date: 10/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 06/30/20															
			Growth Allowance: N/A Qtrly BIMS score: 43.0% Nurse Hours per On-Site Day/Quality Incentive: 3.54				Add-on Percent: 13.37% 2.5% 3.0%				Base Period Overall CMI: 1.4971 Quarterly Medicaid CMI: 1.7174 Qtrly Mcaid CMI w RUG Wght Options: 1.7484		1.3617	1.5138	1.5405
<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	\$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 Adjstmnts	(\$156,135)	(\$2,080)	\$0	\$0	(\$2,822)	(\$5,475)	(\$143,736)		(\$84,953)	\$82,931			
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,765,853	\$4,519,781	\$0	\$739,167	\$555,520	\$422,705	\$846,857	\$365,708	\$233,184	\$82,931			
8	Total Nursing Facility Days As Filed Days = 50,561	FY12 Audited C/R Days	50,561												
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 49,357	FY 18 GL-PL Ins Rpt Days								49,357					
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$153.77	\$89.39	\$0.00	\$14.62	\$19.35	(with L&H)	\$16.75	\$7.41	\$4.61	\$1.64			
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4971											
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.71											
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$59.71	\$0.00	\$14.62	\$19.35		\$16.75	\$7.41	\$4.61	\$1.64			
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A				
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.86	\$59.71	\$0.00	\$14.62	\$19.35		\$16.75	\$7.41	7.38 (FRV)	\$1.64			
<b>Quarterly Per Diem Rate Prior to Add-ons</b>															
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14.76	\$7.98	\$0.00	\$1.95	\$2.59	\$0.00	\$2.24	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.62	\$67.69	\$0.00	\$16.57	\$21.94	\$0.00	\$18.99	\$7.41	\$7.38	\$1.64			
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7484											
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.35											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.28	\$118.35	\$0.00	\$16.57	\$21.94	\$0.00	\$18.99	\$7.41	\$7.38	\$1.64			
<b>Quarterly Per Diem Add-on Amounts</b>															
20	Efficiency Add-on Per Diem (Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00				
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.96	\$2.96											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.55	\$3.55											
23	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	\$7.04	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$217.42	\$125.39	\$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	\$150.24												

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

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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>10/1/2020</b>		Growth Allowance: <b>N/A</b>		<b>37.5%</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.4638</b>				<b>1.3617</b>	
		MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.24</b>		<b>2.5%</b>	<b>2.0%</b>	Quarterly Medicaid CMI: <b>1.4900</b>				<b>1.5138</b>	
								Qtrly Mcaid CMI w RUG Wght Options: <b>1.5162</b>				<b>1.5405</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)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
	<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$11,857,372	\$6,829,497	\$0	\$921,338	\$874,444	\$653,027	\$1,547,849	\$548,562	\$482,655	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit 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								
	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<b>1.4638</b>									
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	\$1.94	
											(FRV)		
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$16.39	\$9.04	\$0.00	\$1.79	\$3.08	\$0.00	\$2.48	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$157.36	\$76.62	\$0.00	\$15.18	\$26.08	\$0.00	\$21.03	\$8.15	\$8.36	\$1.94	
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.5162</b>									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.17									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 15	\$196.91	\$116.17	\$0.00	\$15.18	\$26.08	\$0.00	\$21.03	\$8.15	\$8.36	\$1.94	
	<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem (Std - Alw) 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	\$2.90	\$2.90									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.32	\$2.32									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.51	\$5.75	\$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	\$220.42	\$121.92	\$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	\$152.49										

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	\$3,128,444	\$1,595,716	\$0	\$306,856	\$236,002	\$185,738	\$554,227	\$144,358	\$105,547	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$63,694)	(\$852)	\$0	\$0	(\$2,164)	(\$2,923)	(\$56,789)		(\$15,218)	\$14,252
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,064,750	\$1,594,864	\$0	\$306,856	\$233,838	\$182,815	\$497,438	\$144,358	\$90,329	\$14,252
8	Total Nursing Facility Days	As Filed Days = 20,610										
8	Total Nursing Facility Days	FY12 Audited C/R Days	20,610									
8	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 18,123								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 Growth Allownc %	\$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		1.6364								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.12								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.49	\$107.12	\$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 - 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	\$2.68	\$2.68								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng 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	\$24.15	\$6.42	\$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	\$211.64	\$113.54	\$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	\$145.91									

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 & Houskng	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: PruittHealth -Toccoa, LLC</b> <b>Prvdr ID: 00143305A</b> Case Mix Per Diem Rate Effective Date: 10/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 06/30/20 Growth Allowance: Qtrly BIMS score 33.1% Nurse Hours per On-Site Day/Quality Incentive: 3.25 Base Period Overall CMI: 1.5108 Quarterly Medicaid CMI: 1.4384 Qtrly Mcaid CMI w RUG Wght Options: 1.4627 Facility Score: N/A Add-on Percent: 2.5% State-wide: 1.5138 State-wide: 1.5405																						
<b>CASE MIX BASED RATE CALCULATIONS</b>																						
1	<b>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													
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 FY12 C/R -FY 2018 GL-PL Rpt	\$8,489,354	\$4,645,295	\$0	\$873,232	\$697,934	\$433,691	\$1,250,187	\$435,481	\$153,534	\$0										
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$202,781)	(\$18,549)	\$0	(\$354)	(\$6,453)	(\$6,099)	(\$169,982)		(\$48,498)	\$47,154										
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,286,573	\$4,626,746	\$0	\$872,878	\$691,481	\$427,592	\$1,080,205	\$435,481	\$105,036	\$47,154										
8	Total Nursing Facility Days	As Filed Days = 60,191	60,191																			
9	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 57,413								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&I)	\$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 (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$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 Allwnc %	\$13.63	\$6.80	\$0.00	\$1.94	\$2.49	\$0.00	\$2.40	N/A	N/A	N/A										
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$130.60	\$57.68	\$0.00	\$16.44	\$21.08	\$0.00	\$20.35	\$7.59	\$6.68	\$0.78										
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4627																		
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$84.37																		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$157.29	\$84.37	\$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 (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 = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.11	\$2.11																		
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.53	\$2.53																		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10													
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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	\$180.56	\$89.54	\$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	\$122.60																			

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>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.4082</b>					<b>1.4082</b>	<b>1.3617</b>
		MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Qtrly BIMS score: <b>41.4%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.4880</b>					<b>1.4880</b>	<b>1.5138</b>
				Nurse Hours per On-Site Day/Quality Incentive: <b>3.01</b>	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.5174</b>					<b>1.5174</b>	<b>1.5405</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	\$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		1.4082								
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 = 13.37%	Ln 14 x Grwth Allwnc %	\$14.15	\$7.18	\$0.00	\$1.73	\$2.53	\$0.00	\$2.71	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$139.43	\$60.90	\$0.00	\$14.69	\$21.45	\$0.00	\$22.98	\$8.01	\$9.83	\$1.57
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5174								
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	\$170.94	\$92.41	\$0.00	\$14.69	\$21.45	\$0.00	\$22.98	\$8.01	\$9.83	\$1.57
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Awd) 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 = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.31	\$2.31								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.77	\$2.77								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.56	\$5.61	\$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	\$194.50	\$98.02	\$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	\$133.05									

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

FINAL

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>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.2112</b>					<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.99</b>		Qtrly BIMS score: <b>41.7%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.3172</b>					<b>1.5138</b>	
					<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.3410</b>					<b>1.5405</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	FY12 Audited C/R Days	22,301									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,006	FY 18 GL-PL Ins Rpt Days								22,006		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$128.21	\$63.24	\$0.00	\$16.21	\$24.72	(with L&H)	\$17.78	\$3.48	\$1.33	\$1.45
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2112								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.21								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$52.21	\$0.00	\$16.21	\$24.72		\$17.78	\$3.48	\$1.33	\$1.45
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$124.08	\$52.21	\$0.00	\$16.21	\$23.09		\$17.78	\$3.48	9.86 (FRV)	\$1.45
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allownc %	\$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		1.3410								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$79.37								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$158.88	\$79.37	\$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 ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.98	\$1.98								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.59	\$1.59								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.79	\$4.10	\$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	\$180.67	\$83.47	\$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	\$122.68									

Quarterly Case Mix Per Diem Calculation

Provider: Quinton Memorial Health Care Prvdr ID: 00150279A H/B?: No		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: 10/01/20 MDS & Nurse Hrs Data per Quarter Ending: 06/30/20		Growth Allowance:			N/A	13.37%	Base Period Overall CMI:				1.2702	1.3617
		BIMS:			19.2%	0.0%	Quarterly Medicaid CMI:				1.4485	1.5138
		Nurse Hours per On-Site Day/Quality Incentive:			3.54	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.4732	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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>												
<i>Type of Facility within Peer Group</i>												
<i>Bed Size Range within Peer Group</i>												
<i>Peer Group Standards &amp; Efficiency Measure Limits</i>												
<i>Peer Group Standards: Percentile</i>												
<i>Peer Group Standards: Multiplier</i>												
<i>Efficiency Measures (Maximums)</i>												
<i>Per Diem Costs and Add-ons</i>												
<i>GL-PL- Insurance Costs</i>												
<i>Total Nursing Facility Days GL-PL Ins. Rpt</i>												
<i>Standard Per Diem (After CMA for Routine Svcs)</i>												
<i>Allowed @ 95% of Std</i>												
<i>Growth Allowance 13.4%</i>												
<i>CMA Allowed Per Diem (After Growth Allowance)</i>												
<i>Quarterly Facility Case Mix Index for Medicaid Residents</i>												
<i>Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem</i>												
<i>Quarterly Medicaid CMA Allowed Per Diem</i>												
<i>Quarterly Per Diem Add-On Amounts</i>												
<i>BIMS Add-on Per Diem = 0.0% of Routine Svcs</i>												
<i>Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%</i>												
<i>Nursing Home Provider Fee</i>												
<i>Total Quarterly Per Diem Add-On Amounts</i>												
<b>Quarterly Case Mix Based Per Diem Rate</b>												
<b>Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%</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> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,119,462	\$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 Adjstmnts	(\$16,132)	(\$1,606)	\$0	(\$2,389)	\$0	\$0	(\$14,526)		(\$486)	\$2,875
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,103,330	\$3,566,098	\$0	\$672,912	\$331,978	\$411,925	\$629,930	\$10,006	\$477,606	\$2,875
8	Total Nursing Facility Days As Filed Days = 34,984	FY12 Audited C/R Days	34,984									
8	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,329	FY 18 GL-PL Ins Rpt Days								33,329		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$174.47	\$101.94	\$0.00	\$19.23	\$21.26	(with L&H)	\$18.01	\$0.30	\$13.65	\$0.08
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4547								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.08								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$70.08	\$0.00	\$19.23	\$21.26		\$18.01	\$0.30	\$13.65	\$0.08
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$148.61	\$70.08	\$0.00	\$18.41	\$21.26		\$18.01	\$0.30	20.47 (FRV)	\$0.08
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Altwnc %	\$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		1.4499								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.19								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$201.43	\$115.19	\$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 ((Std - Awej) x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sfng 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	\$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	\$223.30	\$119.18	\$0.00	\$20.87	\$24.51	\$0.00	\$37.89	\$0.30	\$20.47	\$0.08
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$154.65									

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>			<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>00143283A</b>	Case Mix Per Diem Rate Effective Date: <b>10/01/20</b>	Growth Allowance: <b>N/A</b>	13.37%	N/A	13.37%	Base Period Overall CMI: <b>1.1416</b>	1.3699	MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>	Qtrly BIMS score: <b>40.5%</b>	2.5%	Quarterly Medicaid CMI: <b>1.5532</b>	1.5138
	Nurse Hours per On-Site Day/Quality Incentive: <b>3.42</b>	3.0%	Qtrly Mcaid CMI w RUG Wght Options: <b>1.5804</b>	1.5405								

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 Bed Size Range within Peer Group</i>	(see Policy Manual)		<b>1</b> <i>All Facilities All Bed Sizes</i>	<b>1</b> <i>All Facilities All Bed Sizes</i>	<b>2</b> <i>Free Standing All Bed Sizes</i>	<b>1</b> <i>All Facilities All Bed Sizes</i>	<b>1</b> <i>All Facilities All Bed Sizes</i>	<b>1</b> <i>All Facilities 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	\$4,670,969	\$2,545,880	\$0	\$515,909	\$489,792	\$206,199	\$687,593	\$87,638	\$137,958	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit 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	35,948									
9	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 52,600								52,600		
10	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	(with L&H)	\$17.28	\$1.67	\$2.82	\$1.02
11	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY10		<u>1.1416</u>								
12	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.03								
13	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
14	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	
15	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$124.41	\$62.03	\$0.00	\$14.35	\$19.36		\$17.28	\$1.67	8.70 (FRV)	\$1.02
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
16	Growth Allowance Percentage =	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
17	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
18	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.5804</u>								
19	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.13								
20	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$180.33	\$111.13	\$0.00	\$16.27	\$21.95	\$0.00	\$19.59	\$1.67	\$8.70	\$1.02
<b>Quarterly Per Diem Add-on Amounts</b>												
21	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	
22	BIMS Add-on Per Diem =	Ln 19 Col b x CPS Add-on	\$2.78	\$2.78								
23	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$3.33	\$3.33								
24	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
25	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.74	\$6.64	\$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	\$205.07	\$117.77	\$0.00	\$16.49	\$22.36	\$0.00	\$37.06	\$1.67	\$8.70	\$1.02
27	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$140.98									

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	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 Realocations to Cost Center Costs	FY12 C/R Audit Adjstms	(\$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									
9	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		1.6367								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.23								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$190.32	\$110.23	\$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	\$0.00	\$0.00
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.76	\$2.76								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.31	\$3.31								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.32	\$6.60	\$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	\$214.64	\$116.83	\$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	\$148.16									

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

FINAL

Provider: Renaissance Care and Rehab Center		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00141754A		Case Mix Per Diem Rate Effective Date: 10/1/2020		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.5068				1.5068	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20		Nurse Hours per On-Site Day/Quality Incentive: 3.88		Qtrly BIMS score: 39.8%	2.5%	Quarterly Medicaid CMI: 1.5735				1.5735	1.5138	
					3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6017				1.6017	1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility 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 Adjstmnts	(\$704,220)	(\$113,058)	\$0	(\$8,120)	(\$52,134)	(\$92,943)	(\$302,407)		(\$189,527)	\$53,969
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,682,624	\$3,020,841	\$0	\$625,704	\$255,514	\$290,890	\$1,099,217	\$971,207	\$365,282	\$53,969
8	Total Nursing Facility Days As Filed Days = 51,721	FY12 Audited C/R Days	51,744									
	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		1.6017								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$70.35								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$149.41	\$70.35	\$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	\$1.76	\$1.76								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (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	\$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	\$171.54	\$74.75	\$0.00	\$13.93	\$12.38	\$0.00	\$40.41	\$21.85	\$7.18	\$1.04
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$115.83									

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

FINAL

Provider: <b>Resorts at Pooler</b> Prvdr ID: <b>00238741A</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>10/1/2020</b>		Growth Allowance: <b>N/A</b>		<b>13.37%</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>06/30/20</b>		Qtrly BIMS score: <b>34.3%</b>		<b>2.5%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.3036</b>				<b>1.3036</b>	<b>1.5138</b>		
		Nurse Hours per On-Site Day/Quality Incentive: <b>2.55</b>		<b>2.0%</b>	<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.3209</b>				<b>1.3209</b>	<b>1.5405</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	\$4,195,527	\$1,996,140	\$0	\$504,049	\$280,057	\$191,416	\$507,320	\$243,102	\$473,443	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$49,370)	(\$7,258)	\$0	\$0	(\$603)	(\$412)	(\$36,399)		(\$50,954)	\$46,256	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,146,157	\$1,988,882	\$0	\$504,049	\$279,454	\$191,004	\$470,921	\$243,102	\$422,489	\$46,256	
8	Total Nursing Facility Days As Filed Days = 29,678	FY12 Audited C/R Days	29,678										
	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		<b>1.2677</b>									
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 = <b>13.37%</b>	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		<b>1.3209</b>									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$79.17									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$151.89	\$79.17	\$0.00	\$19.25	\$17.97	\$0.00	\$17.99	\$8.88	\$7.07	\$1.56	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Std - 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>2.5%</b> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.98	\$1.98									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <b>2.0%</b> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.58	\$1.58									
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	\$22.19	\$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	\$174.08	\$83.26	\$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	\$117.74										

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>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.3042</b>				<b>1.3042</b>	<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.22</b>		Qtrly BIMS score: <b>44.8%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.3318</b>				<b>1.3318</b>	<b>1.5138</b>	
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.3525</b>				<b>1.3525</b>	<b>1.5405</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	\$5,189,983	\$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	FY12 Audited C/R Days	34,794									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,238	FY 18 GL-PL Ins Rpt Days								36,238		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$148.53	\$66.94	\$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 = <b>13.37%</b>	Ln 14 x Grwth Alkwn %	\$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>1.3525</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.21								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$168.85	\$102.21	\$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 ((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 = <b>2.5%</b> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.56	\$2.56								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <b>3.0%</b> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.07	\$3.07								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.26	\$6.16	\$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	\$193.11	\$108.37	\$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	\$132.01									

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

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Provider: <b>River Towne Center</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Pvdr ID: <b>00082684A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: <b>N/A</b>		<b>13.37%</b>	Base Period Overall CMI: <b>1.4711</b>				<b>1.3617</b>		
		MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.20</b>		<b>5.5%</b>	Quarterly Medicaid CMI: <b>1.6401</b>				<b>1.5138</b>		
						<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.6689</b>				<b>1.5405</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	\$7,579,475	\$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	FY12 Audited C/R Days	59,753										
	Total Nursing Facility Days GL-PL, Ins, Rpt As Filed Days = 34,467	FY 18 GL-PL, Ins Rpt Days								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 = 13.37%	Ln 14 x Grwth Allwnc %	\$11.74	\$5.58	\$0.00	\$1.76	\$2.04	\$0.00	\$2.36	N/A	N/A	N/A	
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		1.6689									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$78.94									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$141.64	\$78.94	\$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 ((Std - Atwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.34	\$4.34									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.58	\$1.58									
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	\$24.55	\$6.45	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$166.19	\$85.39	\$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	\$111.82										

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

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Provider: <b>Riverdale Place 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>00083289A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.5593</b>					<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.46</b>		Qtrly BIMS score: <b>45.4%</b>	<b>5.5%</b>	Quarterly Medicaid CMI: <b>1.6130</b>					<b>1.5138</b>	
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.6433</b>					<b>1.5405</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	\$7,549,117	\$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	FY12 Audited C/R Days	52,862									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 50,021	FY 18 GL-PL Ins Rpt Days								50,021		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$132.00	\$61.71	\$0.00	\$12.86	\$14.74	(with L&H)	\$25.78	\$1.55	\$14.53	\$0.83
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 Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$39.57	\$0.00	\$12.86	\$14.74		\$25.78	\$1.55	\$14.53	\$0.83
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$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	\$44.85	\$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		1.6433								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$73.72								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$139.49	\$73.72	\$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 - 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	\$4.05	\$4.05								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (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	\$24.52	\$6.79	\$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	\$164.01	\$80.51	\$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	\$110.18									

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	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: 10/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 06/30/20 Growth Allowance: N/A Qtrly BIMS score: 45.3% Nurse Hours per On-Site Day/Quality Incentive: 3.63 Facility Score: N/A Add-on Percent: 13.37% Base Period Overall CMI: 1.1990 Quarterly Medicaid CMI: 1.5048 Qtrly Mcaid CMI w RUG Wght Options: 1.5315 1.5405												
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>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	\$3,768,047	\$1,921,998	\$0	\$433,814	\$281,964	\$209,067	\$568,282	\$69,795	\$283,127	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$18,950)	\$0	\$0	(\$1,632)	\$0	\$0	(\$17,576)		(\$20,760)	\$21,018
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,749,097	\$1,921,998	\$0	\$432,182	\$281,964	\$209,067	\$550,706	\$69,795	\$262,367	\$21,018
8	Total Nursing Facility Days	As Filed Days = 26,092										
8	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 24,564									24,564	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$143.86	\$73.66	\$0.00	\$16.56	\$18.82	(with L&H)	\$21.11	\$2.84	\$10.06	\$0.81
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		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 Althwc %	\$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		1.5315								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.67								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$183.23	\$106.67	\$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 - 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	\$5.87	\$5.87								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	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	\$27.33	\$9.60	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$210.56	\$116.27	\$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	\$145.10									

Quarterly Case Mix Based Per Diem Rate Calculations  
Based On Audited FY13 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>Provider: Riverside Healthcare Center</b> <b>Prvdr ID: 00140324A</b> Case Mix Per Diem Rate Effective Date: 10/01/20 MDS & Nurse Hrs Data per Quarter Ending: 06/30/20 Add-on Data and Percentages: Growth Allowance: N/A 13.37% Qtrly BIMS score: 44.6% 2.5% Nurse Hours per On-Site Day/Quality Incentive: 3.05 3.0% Case Mix Index (CMI) Data: Base Period Overall CMI: 1.4742 Quarterly Medicaid CMI: 1.3336 Qtrly Mcaid CMI w RUG Wght Options: 1.3559 1.5405												
<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)		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>			
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 Adjstmnts	(\$86,958)	\$0	\$0	\$0	\$0	\$0	(\$86,958)		(\$68,512)	\$68,512
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$8,470,849	\$3,643,664	\$0	\$713,583	\$392,096	\$421,991	\$1,339,315	\$204,379	\$1,687,309	\$68,512
8	Total Nursing Facility Days 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	(with L&H)	\$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 (FRV)	\$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>1.3559</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$71.93								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$144.64	\$71.93	\$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 ((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	\$1.80	\$1.80								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$2.16	\$2.16								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.22	\$4.49	\$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	\$166.86	\$76.42	\$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	\$112.32									

Quarterly Case Mix Per Diem Calculation

Provider: Riverview Health & Rehab Ctr Prvdr ID: 00040741A H/B ? : No		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: 10/01/20 MDS & Nurse Hrs Data per Quarter Ending: 06/30/20		Growth Allowance:			N/A	13.37%	Base Period Overall CMI:			1.2970	1.3617	
		BIMS:			30.0%	1.0%	Quarterly Medicaid CMI:			1.4692	1.5138	
		Nurse Hours per On-Site Day/Quality Incentive:			3.70	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4936	1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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>												
<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 Svcs)												
<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 Svcs Case Mix Adjstd (CMA) Net Per Diem												
Quarterly Medicaid CMA Allowed Per Diem												
Quarterly Per Diem Add-On Amounts												
BIMS Add-on Per Diem = 1.0% x Routine Svcs)												
Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%												
Nursing Home Provider Fee												
Total Quarterly Per Diem Add-On Amounts												
Quarterly Case Mix Based Per Diem Rate												
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%												

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

FINAL

Provider: <b>Roberta 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>00142777A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.4576</b>				<b>1.4576</b>	<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		Qltry BIMS score: <b>50.8%</b>	<b>5.5%</b>	Quarterly Medicaid CMI: <b>1.5902</b>				<b>1.5902</b>	<b>1.5138</b>	
				2.30	<b>2.0%</b>	Qltry Mcaid CMI w RUG Wght Options: <b>1.6180</b>				<b>1.6180</b>	<b>1.5405</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>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	\$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	32,286									
9	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 29,995								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										
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	from 4 qlrs of FY12		\$34.14								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	Ln 9 / Ln 10		\$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)	RS = Ln 11, AllOthr = 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	\$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>												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$10.14	\$4.56	\$0.00	\$1.48	\$1.92	\$0.00	\$2.18	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$94.82	\$38.70	\$0.00	\$12.56	\$16.31	\$0.00	\$18.51	\$0.98	\$6.87	\$0.89
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.6180</b>								
18	Qltry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$62.62								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$118.74	\$62.62	\$0.00	\$12.56	\$16.31	\$0.00	\$18.51	\$0.98	\$6.87	\$0.89
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - 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	\$3.44	\$3.44								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stffng 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	\$23.32	\$5.22	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$142.06</b>	<b>\$67.84</b>	<b>\$0.00</b>	<b>\$12.78</b>	<b>\$16.72</b>	<b>\$0.00</b>	<b>\$35.98</b>	<b>\$0.98</b>	<b>\$6.87</b>	<b>\$0.89</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$93.72</b>									
27	<b>Minimum Quarterly Case Mix Based Per Diem Rate</b>		<b>\$147.00</b>									
28	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 27 - Ln 23) * 0.75	<b>\$97.43</b>									

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
Prvdr ID: <b>00838252A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.6517</b>					<b>1.6517</b>	<b>1.3617</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.90</b>		Qtrly BIMS score: <b>24.3%</b>	<b>1.0%</b>	Quarterly Medicaid CMI: <b>1.6128</b>					<b>1.6128</b>	<b>1.5138</b>
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.6430</b>					<b>1.6430</b>	<b>1.5405</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 Adjstmnts	(\$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										
8	Total Nursing Facility Days	FY12 Audited C/R Days	34,294									
8	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 33,390								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 =	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		1.6430								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.71								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$173.18	\$90.71	\$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 - Alwdj x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
21	BIMS Add-on Per Diem =	Ln 19 Col b x CPS Add-on	\$0.91	\$0.91								
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	\$21.89	\$4.16	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$195.07</b>	<b>\$94.87</b>	<b>\$0.00</b>	<b>\$17.20</b>	<b>\$21.09</b>	<b>\$0.00</b>	<b>\$40.41</b>	<b>\$3.85</b>	<b>\$14.00</b>	<b>\$3.65</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$133.48</b>									

Quarterly Case Mix Per Diem Calculation

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		h	i																																																		
<table border="0" style="width:100%; border:none;"> <tr> <td style="width:30%;">Provider: Rockmart Health</td> <td style="width:20%;"><u>Add-on Data and Percentages</u></td> <td style="width:10%;">Facility Score</td> <td style="width:10%;">Add-on Percent</td> <td colspan="4" style="text-align:center;"><u>Case Mix Index (CMI) Data</u></td> <td style="width:10%;">Facility Specific</td> <td style="width:10%;">State-wide</td> </tr> <tr> <td>Prvdr ID: 003182988A</td> <td>Growth Allowance:</td> <td>N/A</td> <td>13.37%</td> <td colspan="4">Base Period Overall CMI:</td> <td>Use Stwd</td> <td>1.3617</td> </tr> <tr> <td>H/B ? : No</td> <td>BIMS:</td> <td>35.3%</td> <td>2.5%</td> <td colspan="4">Quarterly Medicaid CMI:</td> <td>1.4777</td> <td>1.5138</td> </tr> <tr> <td>Case Mix Per Diem Rate Effective Date: 10/01/20</td> <td>Nurse Hours per On-Site Day/Quality Incentive:</td> <td>3.98</td> <td>3.0%</td> <td colspan="4">Qtrty Mcaid CMI w RUG Wght Options:</td> <td>1.5030</td> <td>1.5405</td> </tr> <tr> <td>MDS &amp; Nurse Hrs Data per Quarter Ending: 06/30/20</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>													Provider: Rockmart Health	<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: 003182988A	Growth Allowance:	N/A	13.37%	Base Period Overall CMI:				Use Stwd	1.3617	H/B ? : No	BIMS:	35.3%	2.5%	Quarterly Medicaid CMI:				1.4777	1.5138	Case Mix Per Diem Rate Effective Date: 10/01/20	Nurse Hours per On-Site Day/Quality Incentive:	3.98	3.0%	Qtrty Mcaid CMI w RUG Wght Options:				1.5030	1.5405	MDS & Nurse Hrs Data per Quarter Ending: 06/30/20									
Provider: Rockmart Health	<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: 003182988A	Growth Allowance:	N/A	13.37%	Base Period Overall CMI:				Use Stwd	1.3617																																																					
H/B ? : No	BIMS:	35.3%	2.5%	Quarterly Medicaid CMI:				1.4777	1.5138																																																					
Case Mix Per Diem Rate Effective Date: 10/01/20	Nurse Hours per On-Site Day/Quality Incentive:	3.98	3.0%	Qtrty Mcaid CMI w RUG Wght Options:				1.5030	1.5405																																																					
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20																																																														
<b>CASE MIX BASED RATE CALCULATIONS</b>																																																														
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1																																																					
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities																																																					
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes																																																					
	Peer Group Standards & Efficiency Measure Limits																																																													
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%																																																					
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%																																																					
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37																																																					
	Per Diem Costs and Add-ons																																																													
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								\$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>1.5030</u>							(FRV Rate)																																																			
	Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$109.67																																																										
	Quarterly Medicaid CMA Allowed Per Diem		\$183.16	\$109.67		\$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)		\$2.74	\$2.74																																																										
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$3.29	\$3.29																																																										
	Nursing Home Provider Fee		\$17.10						17.1																																																					
	<b>Total Quarterly Per Diem Add-On Amounts</b>		\$23.13																																																											
	<b>Quarterly Case Mix Based Per Diem Rate</b>		\$206.30	\$115.70		\$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%		\$141.90																																																											

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>10/1/2020</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>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>4.00</b>		Qtrly BIMS score: <b>22.7%</b>	<b>1.0%</b>	Quarterly Medicaid CMI: <b>1.7928</b>				<b>1.5138</b>	<b>1.5138</b>	
					<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.8267</b>				<b>1.8267</b>	<b>1.5405</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	\$5,288,642	\$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									
	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		1.6744								
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, AllOthr = 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		1.8267								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.73								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$173.98	\$101.73	\$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 - 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	\$1.02	\$1.02								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Sifng 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	\$21.31	\$3.58	\$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	\$195.29	\$105.31	\$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	\$133.64									

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>10/1/2020</b>		Growth Allowance: <b>N/A</b>		<b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.5200</b>		<b>1.5200</b>	<b>1.3617</b>		
		MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.35</b>		<b>36.7%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.6529</b>		<b>1.6529</b>	<b>1.5138</b>		
						<b>3.35</b>	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.6828</b>		<b>1.6828</b>	<b>1.5405</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	\$3,126,174	\$1,633,291	\$0	\$380,920	\$133,234	\$163,580	\$657,966	\$2,601	\$154,582	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$21,254)	\$0	\$0	\$0	\$0	\$0	(\$21,254)		(\$27,958)	\$27,958	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,104,920	\$1,633,291	\$0	\$380,920	\$133,234	\$163,580	\$636,712	\$2,601	\$126,624	\$27,958	
8	Total Nursing Facility Days	As Filed Days = 23,503	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 Case Mix Index for All Residents	from 4 qtrs of FY12		1.5200									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$45.72									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$45.72	\$0.00	\$16.21	\$12.63		\$27.09	\$0.11	\$5.39	\$1.19	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$106.56	\$45.72	\$0.00	\$16.21	\$12.63		\$20.56	\$0.11	10.14 (FRV)	\$1.19	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage =	Ln 14 x Grwth Allwnc %	\$12.72	\$6.11	\$0.00	\$2.17	\$1.69	\$0.00	\$2.75	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$119.28	\$51.83	\$0.00	\$18.38	\$14.32	\$0.00	\$23.31	\$0.11	\$10.14	\$1.19	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6828									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$87.22									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$154.67	\$87.22	\$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 ((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	\$2.18	\$2.18									
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$2.62	\$2.62									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.06	\$5.33	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$177.73	\$92.55	\$0.00	\$18.60	\$14.73	\$0.00	\$40.41	\$0.11	\$10.14	\$1.19	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$120.47										

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>10/1/2020</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>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>4.01</b>		Qtrly BIMS score: <b>23.6%</b>	<b>1.0%</b>	Quarterly Medicaid CMI: <b>1.8607</b>				<b>1.8607</b>	<b>1.5138</b>	
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.8962</b>				<b>1.8962</b>	<b>1.5405</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	\$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									
	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		<b>1.5874</b>								
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 = <b>13.37%</b>	Ln 14 x Grwth Allwnc %	\$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		<b>1.8962</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$135.52								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$214.57	\$135.52	\$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 ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <b>1.0%</b> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.36	\$1.36								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <b>3.0%</b> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.07	\$4.07								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.69	\$5.96	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$238.26	\$141.48	\$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	\$165.87									

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>10/1/2020</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>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.09</b>		Qtrly BIMS score: <b>48.2%</b>	<b>5.5%</b>	Quarterly Medicaid CMI: <b>1.6504</b>					<b>1.6504</b>	<b>1.5138</b>
					<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.6805</b>					<b>1.6805</b>	<b>1.5405</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	\$6,929,612	\$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 Adjstmts	(\$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		50,566								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 49,615								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	\$2.65
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage =	Ln 14 x Grwth Alhwnc %	\$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		1.6805								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.69								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$183.62	\$109.69	\$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 (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	\$6.03	\$6.03								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	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	\$26.85	\$8.75	\$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	\$210.47	\$118.44	\$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	\$145.03									

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 Operalns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	<b>Peer Group Standards &amp; Efficiency Measure Limits</b>											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	<b>Base Period Per Diem Allowed Amounts</b>											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,274,989	\$2,812,004	\$0	\$651,994	\$351,015	\$344,862	\$738,325	\$84,497	\$312,292	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$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		1.2961								
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 =	Ln 14 x Grwth Allwnc %	\$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		1.5714								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.13								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$198.75	\$117.13	\$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 - 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	\$2.93	\$2.93								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Slfng 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	\$24.85	\$6.97	\$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	\$223.60	\$124.10	\$0.00	\$20.87	\$24.68	\$0.00	\$37.09	\$2.11	\$12.62	\$2.13
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$154.88									

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

FINAL

Provider: <b>Roswell 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>00141248A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: <b>N/A</b>		<b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.6341</b>				<b>1.4014</b>	
		MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Qtrly BIMS score: <b>49.0%</b>		<b>5.5%</b>		Quarterly Medicaid CMI: <b>1.7092</b>				<b>1.5138</b>	
		Nurse Hours per On-Site Day/Quality Incentive:				<b>3.40</b>	<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.7415</b>				<b>1.5405</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		h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>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	\$7,743,053	\$4,498,611	\$0	\$557,983	\$242,060	\$378,928	\$1,148,453	\$24,135	\$892,883	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY14 C/R Audit Adjstmnts	(\$211,557)	(\$39,976)	\$0	\$0	(\$1,285)	(\$2,011)	(\$163,544)		(\$77,460)	\$72,719	
7	Cost Center Costs After Audit Adjustments	FY14 Audited C/R	\$7,531,496	\$4,458,635	\$0	\$557,983	\$240,775	\$376,917	\$984,909	\$24,135	\$815,423	\$72,719	
8	Total Nursing Facility Days As Filed Days = 34,081	FY14 Audited C/R Days	34,081										
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 78,295	FY 18 GL-PL Ins Rpt Days								78,295			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$220.58	\$130.82	\$0.00	\$16.37	\$18.12	(with L&H)	\$28.90	\$0.31	\$23.93	\$2.13	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		<b>1.6341</b>									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.06									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$80.06	\$0.00	\$16.37	\$18.12		\$28.90	\$0.31	\$23.93	\$2.13	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.31	\$0.00	\$19.52	\$23.55		\$24.02	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$143.70	\$73.31	\$0.00	\$16.37	\$18.12		\$24.02	\$0.31	9.44 (FRV)	\$2.13	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <b>13.4%</b>	Ln 14 x Grwth Allwnc %	\$17.62	\$9.80	\$0.00	\$2.19	\$2.42	\$0.00	\$3.21	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$161.32	\$83.11	\$0.00	\$18.56	\$20.54	\$0.00	\$27.23	\$0.31	\$9.44	\$2.13	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End											
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$144.74									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$222.95	\$144.74	\$0.00	\$18.56	\$20.54	\$0.00	\$27.23	\$0.31	\$9.44	\$2.13	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <b>5.5%</b> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$7.96	\$7.96									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <b>2.0%</b> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.89	\$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	\$28.58	\$10.85	\$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>\$251.53</b>	<b>\$155.59</b>	<b>\$0.00</b>	<b>\$18.78</b>	<b>\$20.95</b>	<b>\$0.00</b>	<b>\$44.33</b>	<b>\$0.31</b>	<b>\$9.44</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>\$175.82</b>										

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Sadie G. Mays Health & Rehab Center	<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>		Facility Specific	State-wide
Prvdr ID: 00141842A	Growth Allowance:		N/A	13.37%	Base Period Overall CMI:		1.3125	1.3617
H/B ? : No	Case Mix Per Diem Rate Effective Date: 10/01/20	BIMS:	39.8%	2.5%	Quarterly Medicaid CMI:		1.4587	1.5138
	MDS & Nurse Hrs Data per Quarter Ending: 06/30/20	Nurse Hours per On-Site Day/Quality Incentive:	3.50	3.0%	Qtrly Mcaid CMI w RUG Wght Options:		1.4826	1.5405

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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									\$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>1.4826</u>							(FRV Rate)	
	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$108.18								
	Quarterly Medicaid CMA Allowed Per Diem		\$185.76	\$108.18		\$18.79	\$23.56		\$20.97	\$2.89	\$10.84	\$0.54
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 2.5% to Routine Svcs		\$2.70	\$2.70								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$3.25	\$3.25								
	Nursing Home Provider Fee		\$0.00						0			
	<b>Total Quarterly Per Diem Add-On Amounts</b>		\$5.95									
	<b>Quarterly Case Mix Based Per Diem Rate</b>		\$191.71	\$114.13		\$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%	\$143.79										

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

FINAL

Provider: Savannah Beach Nursing & Rehab Center		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00142876A		Case Mix Per Diem Rate Effective Date: 10/1/2020		Growth Allowance: N/A		13.37%	Base Period Overall CMI: 1.1996				1.3617		
		MDS & Nurse Hrs Data per Quarter Ending: 06/30/20		Nurse Hours per On-Site Day/Quality Incentive: 3.04		5.5%	Quarterly Medicaid CMI: 1.3997				1.5138		
						2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4252				1.5405		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			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	\$2,155,375	\$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										
9	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 Alwnc %	\$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		1.4252									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.12									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$167.93	\$99.12	\$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 (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	\$5.45	\$5.45									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.98	\$1.98									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.06	\$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	\$193.99	\$107.08	\$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	\$132.67										

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>10/1/2020</b>		Growth Allowance:	N/A	Base Period Overall CMI:					1.3690	1.3617
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	39.3%	Quarterly Medicaid CMI:					1.4997	1.5138
					2.5%	Qtrly Mcaid CMI w RUG Wght Options:					1.5249	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility 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									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 55,592	FY 18 GL-PL Ins Rpt Days								55,592		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$162.96	\$79.89	\$0.00	\$17.94	\$19.78	(with L&H)	\$30.42	\$0.37	\$12.61	\$1.95
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3690								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.36								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$58.36	\$0.00	\$17.94	\$19.78		\$30.42	\$0.37	\$12.61	\$1.95
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$129.05	\$58.36	\$0.00	\$17.94	\$19.78		\$20.56	\$0.37	10.09 (FRV)	\$1.95
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allownc %	\$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		1.5249								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.89								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$179.37	\$100.89	\$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 - 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	\$2.52	\$2.52								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.02	\$2.02								
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	\$22.80	\$5.07	\$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	\$202.17	\$105.96	\$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	\$138.80									

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>10/1/2020</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>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.69</b>		Qtrly BIMS score: <b>25.6%</b>	<b>1.0%</b>	Quarterly Medicaid CMI: <b>1.5974</b>					<b>1.5138</b>	
					<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.6262</b>					<b>1.5405</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	\$2,629,423	\$1,432,501	\$0	\$295,735	\$164,214	\$178,169	\$396,102	\$68,416	\$94,286	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$19,325)	\$0	\$0	\$0	\$1,437	\$1,559	(\$23,146)		(\$12,364)	\$13,189
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,610,098	\$1,432,501	\$0	\$295,735	\$165,651	\$179,728	\$372,956	\$68,416	\$81,922	\$13,189
8	Total Nursing Facility Days As Filed Days = 19,289	FY12 Audited C/R Days	19,289									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,880	FY 18 GL-PL Ins Rpt Days								19,880		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$135.22	\$74.27	\$0.00	\$15.33	\$17.91	(with L&H)	\$19.34	\$3.44	\$4.25	\$0.68
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3422								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.33								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.33	\$0.00	\$15.33	\$17.91		\$19.34	\$3.44	\$4.25	\$0.68
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$121.46	\$55.33	\$0.00	\$15.33	\$17.91		\$19.34	\$3.44	9.43 (FRV)	\$0.68
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allow %	\$14.43	\$7.40	\$0.00	\$2.05	\$2.39	\$0.00	\$2.59	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$135.89	\$62.73	\$0.00	\$17.38	\$20.30	\$0.00	\$21.93	\$3.44	\$9.43	\$0.68
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6262								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.01								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$175.17	\$102.01	\$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 (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 = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.02	\$1.02								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$2.04	\$2.04								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.69	\$3.59	\$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	\$196.86	\$105.60	\$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	\$134.82									

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	\$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 Adjstmnts	(\$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									
8	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 Alhmc %	\$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		1.5544								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.33								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.20	\$102.33	\$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 ((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	\$5.63	\$5.63								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$3.07	\$3.07								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.33	\$9.23	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$201.53	\$111.56	\$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	\$138.32									

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

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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>10/1/2020</b>	Growth Allowance: N/A		N/A	13.37%	Base Period Overall CMI: 1.2760					1.3617	
	MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>	Qtrly BIMS score: 30.8%		30.8%	2.5%	Quarterly Medicaid CMI: 1.0946					1.5138	
		Nurse Hours per On-Site Day/Quality Incentive: 4.33		4.33	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.1078					1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility 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 Realocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$63,607)	(\$2,651)	\$0	\$0	(\$6,540)	(\$4,569)	(\$46,503)		(\$15,449)	\$12,105
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,968,082	\$1,863,174	\$0	\$821,360	\$349,041	\$243,801	\$506,579	\$5,671	\$166,351	\$12,105
8	Total Nursing Facility Days As Filed Days = 21,926	FY12 Audited C/R Days	21,926									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,033	FY 18 GL-PL Ins Rpt Days								21,033		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$180.99	\$84.98	\$0.00	\$37.46	\$27.04	(with L&H)	\$23.10	\$0.27	\$7.59	\$0.55
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2760								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.60								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$66.60	\$0.00	\$37.46	\$27.04		\$23.10	\$0.27	\$7.59	\$0.55
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$149.26	\$66.60	\$0.00	\$29.15	\$23.09		\$20.56	\$0.27	9.04 (FRV)	\$0.55
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Gnwth 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		1.1078								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$83.64								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$176.04	\$83.64	\$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 ((Stnd - Ahdw) 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 = 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 Slfng 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	\$22.23	\$5.13	\$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	\$198.27	\$88.77	\$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	\$135.88									

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	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 Adjstmnts	(\$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 Gwth 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		1.3745								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.43								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$203.31	\$111.43	\$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 ((SInd - Ahd) x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.11	\$1.11								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$3.34	\$3.34								
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	\$5.08	\$4.45	\$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	\$208.39	\$115.88	\$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	\$155.29									

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>10/1/2020</b>		Growth Allowance: <b>N/A</b>		<b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.2093</b>				<b>1.2093</b>	<b>1.3617</b>
		MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Qtrly BIMS score: <b>31.1%</b>		<b>31.1%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.2159</b>				<b>1.2159</b>	<b>1.5138</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>1.2315</b>				<b>1.2315</b>	<b>1.5405</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	\$4,098,594	\$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 Adjstmnts	(\$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	21,647										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 23,788								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 Gwth 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		1.2315									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.84									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$186.32	\$99.84	\$0.00	\$20.30	\$26.18	\$0.00	\$23.31	\$5.11	\$10.41	\$1.17	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem (Std - 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 =	Ln 19 Col b x CPS Add-on	\$2.50	\$2.50									
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$3.00	\$3.00									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.82	\$5.50	\$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	\$209.14	\$105.34	\$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	\$144.03										

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

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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
Prvdr ID: <b>00040763A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</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>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.58</b>		Qtrly BIMS score: <b>31.7%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.7835</b>					<b>1.5138</b>	
					<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.8181</b>					<b>1.5405</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	54,878									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 48,002								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 =	Ln 14 x Grwth Allownc %	\$16.03	\$8.43	\$0.00	\$2.23	\$2.62	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$159.45	\$71.48	\$0.00	\$18.91	\$22.19	\$0.00	\$23.31	\$9.07	\$10.13	\$4.36
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8181								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$129.96								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$217.93	\$129.96	\$0.00	\$18.91	\$22.19	\$0.00	\$23.31	\$9.07	\$10.13	\$4.36
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Actwl) 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	\$3.25	\$3.25								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	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	\$24.11	\$6.38	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$242.04	\$136.34	\$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	\$168.71									

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

FINAL

Provider: <b>Signature HC - Marietta</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: <b>00142986A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.4557</b>					<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.85</b>		Qtrly BIMS score: <b>17.7%</b>	<b>0.0%</b>	Quarterly Medicaid CMI: <b>1.8702</b>					<b>1.5138</b>	
					<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.9067</b>					<b>1.5405</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	\$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		53,277								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 46,909								46,909		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$198.40	\$96.21	\$0.00	\$19.27	\$18.64	(with L&H)	\$35.47	\$1.99	\$24.77	\$2.05
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<b>1.4557</b>								
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 = <b>13.37%</b>	Ln 14 x Grwth Allwnc %	\$16.54	\$8.84	\$0.00	\$2.46	\$2.49	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$156.64	\$74.93	\$0.00	\$20.87	\$21.13	\$0.00	\$23.31	\$1.99	\$12.36	\$2.05
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.9067</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$142.87								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$224.58	\$142.87	\$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 (Std - 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 = <b>0.0%</b> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <b>2.0%</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	\$20.90	\$3.39	\$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	\$245.48	\$146.26	\$0.00	\$20.87	\$21.54	\$0.00	\$40.41	\$1.99	\$12.36	\$2.05
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$171.29									

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	\$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 Adjstmts	(\$481,576)	(\$6,386)	\$0	\$1,029	\$851	\$2,096	(\$481,229)		(\$47,579)	\$49,642
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,681,850	\$3,316,405	\$0	\$576,409	\$228,810	\$319,959	\$1,057,015	\$35,183	\$98,427	\$49,642
8	Total Nursing Facility Days As Filed Days = 39,800	FY12 Audited C/R Days	39,800									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,127	FY 18 GL-PL Ins Rpt Days								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 Case Mix Index for All Residents	from 4 qtrs of FY12		1.6565								
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 = 13.37%	Ln 14 x Grwth Allwnc %	\$13.26	\$6.73	\$0.00	\$1.94	\$1.84	\$0.00	\$2.75	N/A	N/A	N/A
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 Case Mix Index for Medicaid Residents	per Current Qtr End		1.7878								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.98								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$169.76	\$101.98	\$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 - 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 = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$2.04	\$2.04								
23	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	\$2.57	\$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	\$190.06	\$104.55	\$0.00	\$16.64	\$16.04	\$0.00	\$40.41	\$0.92	\$10.25	\$1.25
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$129.72									

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

FINAL

Provider: <b>Smith Medical Nursing 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>00143008A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>0.9535</b>					<b>1.3617</b>	
		MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Qtrly BIMS score: <b>36.4%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>0.9408</b>					<b>1.5138</b>	
				Nurse Hours per On-Site Day/Quality Incentive: <b>2.07</b>	<b>0.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>0.9490</b>					<b>1.5405</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	\$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 Adjstmts	(\$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	FY12 Audited C/R Days	16,988									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,789	FY 18 GL-PL Ins Rpt Days								17,789		
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 Case Mix Index 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 = 13.37%	Ln 14 x Grwth Alhnc %	\$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 Case Mix Index for Medicaid Residents	per Current Qtr End		<u>0.9490</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$42.66								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$97.55	\$42.66	\$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 - 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	\$1.07	\$1.07								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x Sifng 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	\$19.70	\$1.60	\$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	\$117.25	\$44.26	\$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	\$75.11									
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>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: <b>00143041A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: <b>N/A</b>		<b>32.6%</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.5267</b>				<b>1.4014</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.58</b>		Qtrly BIMS score: <b>3.58</b>		<b>2.5%</b>	<b>3.0%</b>	Quarterly Medicaid CMI: <b>1.6333</b>				<b>1.5138</b>	
								Qtrly Mcaid CMI w RUG Wght Options: <b>1.6649</b>				<b>1.5405</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)		<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 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 Adjstmts	(\$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										
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,602	FY 18 GL-PL Ins Rpt Days								21,602			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$199.05	\$109.31	\$0.00	\$18.51	\$16.53	(with L&H)	\$36.09	\$0.27	\$17.60	\$0.74	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		<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 (FRV)	\$0.74	
<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>1.6649</u>									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$135.14									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$212.49	\$135.14	\$0.00	\$20.98	\$18.74	\$0.00	\$27.23	\$0.27	\$9.39	\$0.74	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ([Std - 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 = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.38	\$3.38									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$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	\$25.69	\$7.96	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$238.18	\$143.10	\$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	\$165.81										

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>10/1/2020</b>		Growth Allowance: <b>N/A</b>		<b>30.2%</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.4974</b>				<b>1.3617</b>	
		MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.39</b>		<b>2.5%</b>	<b>3.0%</b>	Quarterly Medicaid CMI: <b>1.5270</b>				<b>1.5138</b>	
								Qtrly Mcaid CMI w RUG Wght Options: <b>1.5508</b>				<b>1.5405</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	\$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 Adjstmts	(\$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								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	\$1.65	
											(FRV)		
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.37%</u>	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>1.5508</b>									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.92									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$194.29	\$111.92	\$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 (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	\$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	\$2.80	\$2.80									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$3.36	\$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	\$24.42	\$6.69	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$218.71</b>	<b>\$118.61</b>	<b>\$0.00</b>	<b>\$19.40</b>	<b>\$21.96</b>	<b>\$0.00</b>	<b>\$40.41</b>	<b>\$2.98</b>	<b>\$13.70</b>	<b>\$1.65</b>	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$151.21</b>										

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>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.5242</b>					<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		<b>35.1%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.4319</b>					<b>1.5138</b>	
				<b>2.85</b>	<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.4548</b>					<b>1.5405</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	\$5,167,749	\$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 Adjstmnts	(\$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	35,413									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 33,391								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		1.5242								
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 = 13.37%	Ln 14 x Grwth Allwnc %	\$11.71	\$5.58	\$0.00	\$1.82	\$2.22	\$0.00	\$2.09	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$109.66	\$47.33	\$0.00	\$15.46	\$18.84	\$0.00	\$17.69	\$1.47	\$7.96	\$0.91
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4548								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$68.86								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$131.19	\$68.86	\$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 ((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	\$1.72	\$1.72								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.38	\$1.38								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.73	\$3.63	\$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	\$152.92	\$72.49	\$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	\$101.87									



Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Southwell Health and Rehab Prvdr ID: 00059826A H/B ? : No		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: 10/01/20 MDS & Nurse Hrs Data per Quarter Ending: 06/30/20		Growth Allowance: N/A			N/A	13.37%	Base Period Overall CMI: 1.4305				1.4305	1.3617
		BIMS: 42.5%			42.5%	2.5%	Quarterly Medicaid CMI: 1.2376				1.2376	1.5138
		Nurse Hours per On-Site Day/Quality Incentive: 4.01			4.01	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.2556				1.2556	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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>												
<i>Type of Facility within Peer Group</i>												
<i>Bed Size Range within Peer Group</i>												
<i>Peer Group Standards &amp; Efficiency Measure Limits</i>												
<i>Peer Group Standards: Percentile</i>												
<i>Peer Group Standards: Multiplier</i>												
<i>Efficiency Measures (Maximums)</i>												
<i>Per Diem Costs and Add-ons</i>												
GL-PL- Insurance Costs												
Total Nursing Facility Days GL-PL Ins. Rpt												
Standard Per Diem (After CMA for Routine Srvc)												
Allowed @ 95% of Std												
Growth Allowance 13.37%												
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												
Quarterly Per Diem Add-On Amounts												
BIMS Add-on Per Diem = 2.5% to Routine Srvc)												
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%												
Nursing Home Provider Fee												
Total Quarterly Per Diem Add-On Amounts												
Quarterly Case Mix Based Per Diem Rate												
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%												

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

FINAL

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: Sparta Health &amp; Rehab</b> <b>Prvdr ID: 00143063A</b> Case Mix Per Diem Rate Effective Date: 10/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 06/30/20 Growth Allowance: N/A Qtrly BIMS score: 14.3% Nurse Hours per On-Site Day/Quality Incentive: 3.39 Facility Score: N/A Add-on Percent: 13.37% Base Period Overall CMI: 1.0832 Quarterly Medicaid CMI: 1.2993 Qtrly Mcaid CMI w RUG Wght Options: 1.3216 State-wide: 1.3617 State-wide: 1.5138 State-wide: 1.5405												
<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%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per 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	25,400									
8	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 25,443								25,443		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$123.66	\$63.70	\$0.00	\$14.24	\$15.83	(with L&H)	\$15.13	\$3.05	\$11.04	\$0.67
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.0832								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.81								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$58.81	\$0.00	\$14.24	\$15.83		\$15.13	\$3.05	\$11.04	\$0.67
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$116.08	\$58.81	\$0.00	\$14.24	\$15.83		\$15.13	\$3.05	8.35 (FRV)	\$0.67
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage =	Ln 14 x Growth Allownc %	\$13.90	\$7.86	\$0.00	\$1.90	\$2.12	\$0.00	\$2.02	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$129.98	\$66.67	\$0.00	\$16.14	\$17.95	\$0.00	\$17.15	\$3.05	\$8.35	\$0.67
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3216								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.11								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$151.42	\$88.11	\$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 ((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	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	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	\$21.27	\$3.17	\$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	\$172.69	\$91.28	\$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	\$116.69									

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		
													Facility Score	Add-on Percent	Base Period Overall CMI:	Quarterly Medicaid CMI:	Qtrly Mcaid CMI w RUG Wght Options:	2.4830	1.3617		
				a	b	c	d	e	f	g	g	h	i						1.5138	1.5138	
<b>CASE MIX BASED RATE CALCULATIONS</b>																					
1	<b>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	\$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)	\$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	FY12 Audited C/R Days	3,195																		
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 3,180	FY 18 GL-PL Ins Rpt Days								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 = 13.37%	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		1.5405																	
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.41																	
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$212.32	\$121.41	\$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 (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									
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00																	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$0.00	\$0.00																	
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10												
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.85	\$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	\$230.17	\$121.94	\$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	\$159.80																		

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	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<b>CASE MIX BASED RATE CALCULATIONS</b>													
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Base Period Per Diem Allowed Amounts</b>													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R - FY 2018 GL-PL Rpt	\$3,668,797	\$1,907,109	\$0	\$381,810	\$100,679	\$237,712	\$525,214	\$47,619	\$468,654	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit 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											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 15,779								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 Case Mix Index 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 (FRV)	\$1.06	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage =	Ln 14 x Grwth Allwnc %	\$17.48	\$9.48	\$0.00	\$2.46	\$2.79	\$0.00	\$2.75	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$186.71	\$80.39	\$0.00	\$20.87	\$23.63	\$0.00	\$23.31	\$3.02	\$34.43	\$1.06	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7143									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$137.81									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$244.13	\$137.81	\$0.00	\$20.87	\$23.63	\$0.00	\$23.31	\$3.02	\$34.43	\$1.06	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem (Std - 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 =	Ln 19 Col b x CPS Add-on	\$3.45	\$3.45									
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$4.13	\$4.13									
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	\$25.54	\$8.03	\$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	\$269.67	\$145.84	\$0.00	\$20.87	\$24.04	\$0.00	\$40.41	\$3.02	\$34.43	\$1.06	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$189.43										

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

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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>10/1/2020</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>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>4.77</b>		Qtrly BIMS score: <b>50.0%</b>	<b>5.5%</b>	Quarterly Medicaid CMI: <b>1.5909</b>				<b>1.5138</b>		
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.6191</b>				<b>1.5405</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> Type of Facility 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	\$8,273,605	\$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 Case Mix Index for All Residents	from 4 qtrs of FY12		1.3692								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.34								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$58.34	\$0.00	\$19.58	\$21.30		\$17.54	\$2.12	\$6.67	\$0.96
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$132.50	\$58.34	\$0.00	\$18.41	\$21.30		\$17.54	\$2.12	13.83 (FRV)	\$0.96
<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 Case Mix Index for Medicaid Residents	per Current Qtr End		1.6191								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.09								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.91	\$107.09	\$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 ((Stnd - Actd) 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	\$5.89	\$5.89								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Sifng 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	\$27.51	\$9.63	\$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	\$216.42	\$116.72	\$0.00	\$20.87	\$24.56	\$0.00	\$37.36	\$2.12	\$13.83	\$0.96
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$149.49									

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 Operatns & Maint	Admin 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: Syl-View Health Care Center, Inc.</b> <b>Prvdr ID: 00040796A</b> Case Mix Per Diem Rate Effective Date: 10/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 06/30/20 Growth Allowance: N/A Qtrly BIMS score: 36.5% Nurse Hours per On-Site Day/Quality Incentive: 3.54 Facility Score: 13.37% Add-on Percent: 2.5% Base Period Overall CMI: 1.1798 Quarterly Medicaid CMI: 1.2875 Qtrly Mcaid CMI w RUG Wght Options: 1.3079 1.5405														
<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	\$3,902,776	\$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 Adjstmnts	(\$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											
9	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&I)	\$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 Allwnc %	\$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		1.3079										
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$74.08										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$131.26	\$74.08	\$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 ((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	\$1.85	\$1.85										
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	\$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	\$153.96	\$78.68	\$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	\$102.65											

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>10/1/2020</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>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.29</b>		Qtrly BIMS score: <b>26.0%</b>	<b>1.0%</b>	Quarterly Medicaid CMI: <b>1.5269</b>					<b>1.5269</b>	<b>1.5138</b>
					<b>3.0%</b>	Ortrly Mcaid CMI w RUG Wght Options: <b>1.5544</b>					<b>1.5544</b>	<b>1.5405</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	\$7,904,994	\$3,457,694	\$0	\$636,771	\$357,288	\$370,163	\$1,576,669	\$172,244	\$1,334,165	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$803,200)	(\$251,995)	\$0	(\$5,485)	(\$2,580)	\$724	(\$631,432)		(\$14,266)	\$101,834
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,101,794	\$3,205,699	\$0	\$631,286	\$354,708	\$370,887	\$945,237	\$172,244	\$1,319,899	\$101,834
8	Total Nursing Facility Days As Filed Days = 44,915	FY12 Audited C/R Days	44,895									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 45,494	FY 18 GL-PL Ins Rpt Days								45,494		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$158.13	\$71.40	\$0.00	\$14.06	\$16.16	(with L&H)	\$21.05	\$3.79	\$29.40	\$2.27
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5802								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$45.18								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$45.18	\$0.00	\$14.06	\$16.16		\$21.05	\$3.79	\$29.40	\$2.27
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$120.01	\$45.18	\$0.00	\$14.06	\$16.16		\$20.56	\$3.79	17.99 (FRV)	\$2.27
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	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 Case Mix Index for Medicaid Residents	per Current Qtr End		1.5544								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$79.62								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$161.24	\$79.62	\$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 ((Std - Awtg) 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	\$0.80	\$0.80								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.39	\$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	\$21.45	\$3.72	\$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	\$182.69	\$83.34	\$0.00	\$16.16	\$18.73	\$0.00	\$40.41	\$3.79	\$17.99	\$2.27
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$124.19									

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

FINAL

Provider: <b>Tattnall Nursing, LLC</b>		Add-on Data and Percentages		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>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.1942</b>					<b>1.3617</b>	<b>1.5138</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		Qltry BIMS score: <b>28.8%</b>	<b>1.0%</b>	Quarterly Medicaid CMI: <b>1.2912</b>					<b>1.5138</b>	<b>1.5405</b>
				2.72	<b>2.0%</b>	Qltry Mcaid CMI w RUG Wght Options: <b>1.3130</b>					<b>1.3130</b>	<b>1.5405</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>	(see Policy Manual)		<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	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 Adjstmts	\$46,074	(\$1,163)	\$0	(\$54)	(\$425)	\$0	\$1,957		\$25,877	\$19,882
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,088,143	\$1,466,154	\$0	\$342,876	\$202,652	\$203,189	\$537,735	\$19,237	\$296,418	\$19,882
8	Total Nursing Facility Days	As Filed Days = 30,506										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 27,626										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	FY 18 GL-PL Ins Rpt Days	\$101.30	\$48.06	\$0.00	\$11.24	\$13.30	(with L&H)	\$17.63	27,626	\$9.72	\$0.65
10	Base Period Facility Case Mix Index for All Residents	Ln 7 / Ln 8 Col a										
		from 4 qtrs of FY12										
11	Routine Svcs Case Mix Adjstrd (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										
18	Qltry Routine Svcs Case Mix Adjstrd (CMA) Net Per Diem	Ln 16 x Ln 17		\$59.90								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$115.71	\$59.90	\$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 = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.60	\$0.60								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stng Add-on	\$1.20	\$1.20								
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	\$20.43	\$2.33	\$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	\$136.14	\$62.23	\$0.00	\$12.96	\$15.49	\$0.00	\$37.46	\$0.70	\$6.65	\$0.65
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$89.28									
27	<b>Minimum Quarterly Case Mix Based Per Diem Rate</b>		\$147.00									
28	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(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	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility 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 Adjstmnts	(\$15,368)	\$0	\$0	(\$1,391)	\$0	(\$221)	(\$14,826)		(\$35,439)	\$36,509
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,217,556	\$1,656,948	\$0	\$351,434	\$156,924	\$213,567	\$431,754	\$74,726	\$295,694	\$36,509
8	Total Nursing Facility Days As Filed Days = 23,918	FY12 Audited C/R Days	23,918									
8	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,022	FY 18 GL-PL Ins Rpt Days								26,022		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$134.27	\$69.28	\$0.00	\$14.69	\$15.49	(with L&H)	\$18.05	\$2.87	\$12.36	\$1.53
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2388								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.92								
12	Net Per Diems after Case Mix 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	\$55.92	\$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 = 13.37%	Ln 14 x Grwth Allwnc %	\$13.92	\$7.48	\$0.00	\$1.96	\$2.07	\$0.00	\$2.41	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$133.43	\$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 Qtr End		1.6056								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.80								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$171.83	\$101.80	\$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 ((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 = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.55	\$2.55								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.05	\$3.05								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.23	\$6.13	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$196.06	\$107.93	\$0.00	\$16.87	\$17.97	\$0.00	\$37.93	\$2.87	\$10.96	\$1.53
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$134.22									

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

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Provider: <b>The Center for Advanced Rehab @ Parkside</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: <b>00083102A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.2877</b>					<b>1.3617</b>	
		MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Qtrly BIMS score: <b>26.1%</b>	<b>1.0%</b>	Quarterly Medicaid CMI: <b>1.9116</b>					<b>1.5138</b>	
				Nurse Hours per On-Site Day/Quality Incentive: <b>4.07</b>	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.9495</b>					<b>1.5405</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	\$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		1.9495								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$158.05								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$235.58	\$158.05	\$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 ((Std - Awe) 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	\$1.58	\$1.58								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.74	\$4.74								
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	\$24.05	\$6.32	\$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	\$259.63	\$164.37	\$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	\$181.90									

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 & Housekprng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			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	\$7,419,180	\$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 Adjstmts	(\$115,108)	(\$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										
8	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 42,441									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	\$4.12
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth 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		1.6078								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$125.57								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$216.02	\$125.57	\$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 (Sind - 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	\$0.00	\$0.00
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.91	\$6.91								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$3.77	\$3.77								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.72	\$11.21	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$244.74</b>	<b>\$136.78</b>	<b>\$0.00</b>	<b>\$20.87</b>	<b>\$25.23</b>	<b>\$0.00</b>	<b>\$40.41</b>	<b>\$3.30</b>	<b>\$14.03</b>	<b>\$4.12</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$170.73</b>									

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: The Lodge</b> <b>Prvdr ID: 00142381A</b> <b>H/B?: No</b> <b>Case Mix Per Diem Rate Effective Date: 10/01/20</b> <b>MDS &amp; Nurse Hrs Data per Quarter Ending: 06/30/20</b>													
				<b>Add-on Data and Percentages</b> <b>Growth Allowance: N/A</b> <b>BIMS: 42.9%</b> <b>Nurse Hours per On-Site Day/Quality Incentive: 4.46</b>			<b>Facility Score</b> <b>Add-on Percent</b> <b>N/A</b> <b>13.37%</b> <b>2.5%</b> <b>3.0%</b>		<b>Case Mix Index (CMI) Data</b> <b>Base Period Overall CMI: 1.4841</b> <b>Quarterly Medicaid CMI: 1.6567</b> <b>Qtrly Mcaid CMI w RUG Wght Options: 1.6882</b>			<b>Facility Specific</b> <b>State-wide</b> <b>1.4841</b> <b>1.3617</b> <b>1.6567</b> <b>1.5138</b> <b>1.6882</b> <b>1.5405</b>	
<b>CASE MIX BASED RATE CALCULATIONS</b> <b>Cost Center Peer Groups per Selected Options</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> <b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i> <i>Peer Group Standards: Multiplier</i> <i>Efficiency 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 Srvcs) <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 Qtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 2.5% (o Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% Nursing Home Provider Fee <b>Total Quarterly Per Diem Add-On Amounts</b> <b>Quarterly Case Mix Based Per Diem Rate</b> <b>Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%</b>													
		FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt FY 2012 Peer Group Limit		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Freestanding All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
				90.0%	90.0%	90.0%	85.0%		50.0%				
				100.0%	100.0%	100.0%	100.0%		105.0%				
				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
										\$ 87,427			
										42,182			
			\$160.54	\$71.51		\$18.41	\$23.09		\$20.56		\$33.65	\$0.00	
			\$16.97	\$67.93		\$17.49	\$21.94		\$19.53		\$33.65	\$0.00	
			\$179.58	\$9.08		\$2.34	\$2.93		\$2.61				
				\$77.01		\$19.83	\$24.87		\$22.14	\$ 2.07	\$33.65	\$0.00	
				<u>1.6882</u>							(FRV Rate)		
				\$130.01									
			\$232.58	\$130.01		\$19.83	\$24.87		\$22.14	\$2.07	\$33.65	\$0.00	
			\$3.25	\$3.25					17.10				
			\$3.90	\$3.90									
			\$17.10										
			\$24.25										
			\$256.83	\$137.16		\$19.83	\$24.87		\$39.24	\$2.07	\$33.65	\$0.00	
			\$179.79										

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

FINAL

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>10/1/2020</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>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.46</b>		Qtrly BIMS score: <b>37.3%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.4888</b>					<b>1.4888</b>	<b>1.5138</b>
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.5138</b>					<b>1.5138</b>	<b>1.5405</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	\$8,564,531	\$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	FY12 Audited C/R Days	59,128									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 56,582	FY 18 GL-PL Ins Rpt Days								56,582		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$141.49	\$79.79	\$0.00	\$14.72	\$20.16	(with L&H)	\$16.14	\$7.14	\$3.02	\$0.52
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4603								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.64								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$54.64	\$0.00	\$14.72	\$20.16		\$16.14	\$7.14	\$3.02	\$0.52
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.51	\$54.64	\$0.00	\$14.72	\$20.16		\$16.14	\$7.14	13.19 (FRV)	\$0.52
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth 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 Case Mix Index for Medicaid Residents	per Current Qtr End		1.5138								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.78								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.48	\$93.78	\$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 ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.34	\$2.34								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (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	\$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	\$196.26	\$99.46	\$0.00	\$16.91	\$23.27	\$0.00	\$35.77	\$7.14	\$13.19	\$0.52
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$134.37									

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

FINAL

Provider: <b>The Oaks at Limestone, LLC</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvd ID: <b>00141743A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.5724</b>					<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>4.05</b>		Qtrly BIMS score: <b>50.0%</b>	<b>5.5%</b>	Quarterly Medicaid CMI: <b>1.5362</b>					<b>1.5138</b>	
					<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.5592</b>					<b>1.5405</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	\$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	34,533									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,907	FY 18 GL-PL Ins Rpt Days								34,907		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$192.19	\$103.01	\$0.00	\$15.86	\$27.17	(with L&H)	\$23.54	\$7.17	\$11.92	\$3.52
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		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	\$0.00	\$15.86	\$27.17		\$23.54	\$7.17	\$11.92	\$3.52
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$153.24	\$65.51	\$0.00	\$15.86	\$23.09		\$20.56	\$7.17	17.53 (FRV)	\$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		1.5592								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.80								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$211.49	\$115.80	\$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 - 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 = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.37	\$6.37								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.32	\$2.32								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.54	\$9.22	\$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	\$238.03	\$125.02	\$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	\$165.70									

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

FINAL

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>10/1/2020</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>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>4.07</b>		Qtrly BIMS score: <b>19.1%</b>	<b>0.0%</b>	Quarterly Medicaid CMI: <b>1.6365</b>					<b>1.5138</b>	
						Qtrly Mcaid CMI w RUG Wght Options: <b>1.6662</b>					<b>1.5405</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	\$8,083,419	\$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 Adjstmnts	(\$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		1.6662								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.25								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.77	\$109.25	\$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 (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	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Sifng 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	\$21.54	\$3.81	\$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	\$214.31	\$113.06	\$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	\$147.91									

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

FINAL

Provider: <b>The Oaks Nursing 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>00142271A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.2854</b>					<b>1.3617</b>	
		MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Qtrly BIMS score: <b>46.0%</b>	<b>5.5%</b>	Quarterly Medicaid CMI: <b>1.7229</b>					<b>1.5138</b>	
				Nurse Hours per On-Site Day/Quality Incentive: <b>3.83</b>	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.7567</b>					<b>1.5405</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	\$2,280,985	\$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 Adjstmnts	(\$2,666)	\$3,281	\$0	\$383	(\$740)	(\$2,076)	(\$3,328)		(\$39,826)	\$39,640
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,278,319	\$1,147,987	\$0	\$288,842	\$76,640	\$244,599	\$397,043	\$34,342	\$49,226	\$39,640
8	Total Nursing Facility Days As Filed Days = 18,971	FY12 Audited C/R Days	18,971									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,365	FY 18 GL-PL Ins Rpt Days								21,365		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$119.89	\$60.51	\$0.00	\$15.23	\$16.93	(with L&H)	\$20.93	\$1.61	\$2.59	\$2.09
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		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 = 13.37%	Ln 14 x Grwth 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		1.7567								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.76								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.01	\$93.76	\$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 ((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	\$5.16	\$5.16								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (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	\$198.24	\$102.26	\$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	\$135.86									

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: The Oaks of Athens</b> <b>Prvdr ID: 00140126A</b> <b>H/W ? : No</b> <b>Case Mix Per Diem Rate Effective Date: 10/01/20</b> <b>MDS &amp; Nurse Hrs Data per Quarter Ending: 06/30/20</b>													
				<b>Add-on Data and Percentages</b> <b>Growth Allowance: N/A</b> <b>BIMS: 19.1%</b> <b>Nurse Hours per On-Site Day/Quality Incentive: 4.16</b>			<b>Facility Score</b> <b>N/A</b>	<b>Add-on Percent</b> <b>13.37%</b> <b>0.0%</b> <b>3.0%</b>	<b>Case Mix Index (CMI) Data</b> <b>Base Period Overall CMI: 1.4177</b> <b>Quarterly Medicaid CMI: 1.4992</b> <b>Qtrly Mcaid CMI w RUG Wght Options: 1.5266</b>			<b>Facility Specific</b> <b>1.4177</b> <b>1.4992</b> <b>1.5266</b>	<b>State-wide</b> <b>1.3617</b> <b>1.5138</b> <b>1.5405</b>
<b>CASE MIX BASED RATE CALCULATIONS</b>													
	<b>Cost Center Peer Groups per Selected Options</b> <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> <b>Peer Group Standards &amp; Efficiency Measure Limits</b> <i>Peer Group Standards: Percentile</i> <i>Peer Group Standards: Multiplier</i> <i>Efficiency 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 Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 0.0% (o Routine Srvc) Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts	FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt FY 2012 Peer Group Limit		1 All Facilities All Bed Sizes  90.0% 100.0% \$0.53	1 All Facilities All Bed Sizes  90.0% 100.0% \$0.00	2 Freestanding All Bed Sizes  90.0% 100.0% \$0.22	1 All Facilities All Bed Sizes  85.0% 100.0% \$0.41	1 All Facilities All Bed Sizes  50.0% 105.0% \$0.37					
				\$71.51		\$18.41	\$23.09		\$20.56	\$ 356,084	\$30.90	\$1.82	
			\$159.61	\$67.93		\$17.49	\$21.94		\$19.53	48,701	\$30.90	\$1.82	
			\$183.89	\$77.01		\$2.34	\$2.93		\$2.61				
				\$19.83		\$19.83	\$24.87		\$22.14	\$ 7.31	\$30.90	\$1.82	
											(FRV Rate)		
			\$224.44	\$117.57		\$19.83	\$24.87		\$22.14	\$7.31	\$30.90	\$1.82	
			\$0.00	\$0.00									
			\$3.53	\$3.53									
			\$17.10						17.10				
			\$20.63										
			\$245.07	\$121.09		\$19.83	\$24.87		\$39.24	\$7.31	\$30.90	\$1.82	
			\$170.98										

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> <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	\$3,037,555	\$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										
8	Total Nursing Facility Days	As Filed Days = 14,520										
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&I)	\$32.48	\$6.97	\$20.14	\$5.92
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5821								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.35								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$59.35	\$0.00	\$16.16	\$30.42		\$32.48	\$6.97	\$20.14	\$5.92
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$154.29	\$59.35	\$0.00	\$16.16	\$23.09		\$20.56	\$6.97	22.24 (FRV)	\$5.92
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage =	Ln 14 x Grwth Allwnc %	\$15.94	\$7.94	\$0.00	\$2.16	\$3.09	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$170.23	\$67.29	\$0.00	\$18.32	\$26.18	\$0.00	\$23.31	\$6.97	\$22.24	\$5.92
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2501								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$84.12								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.06	\$84.12	\$0.00	\$18.32	\$26.18	\$0.00	\$23.31	\$6.97	\$22.24	\$5.92
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem (Stnd - 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 =	Ln 19 Col b x CPS Add-on	\$0.84	\$0.84								
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	\$21.21	\$3.89	\$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	\$208.27	\$88.01	\$0.00	\$18.54	\$26.18	\$0.00	\$40.41	\$6.97	\$22.24	\$5.92
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$143.38									

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

FINAL

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>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.4214</b>					<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>2.99</b>		Qtrly BIMS score: <b>34.3%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.5182</b>					<b>1.5138</b>	
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.5478</b>					<b>1.5405</b>	
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> Type of Facility 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	\$4,709,219	\$2,353,279	\$0	\$469,452	\$245,103	\$221,119	\$735,262	\$200,608	\$484,396	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$347,696)	(\$160,571)	\$0	\$550	(\$683)	(\$618)	(\$182,099)		(\$40,182)	\$35,907
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,361,523	\$2,192,708	\$0	\$470,002	\$244,420	\$220,501	\$553,163	\$200,608	\$444,214	\$35,907
8	Total Nursing Facility Days As Filed Days = 29,016	FY12 Audited C/R Days	29,016									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,415	FY 18 GL-PL Ins Rpt Days								27,415		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$150.72	\$75.57	\$0.00	\$16.20	\$16.02	(with L&H)	\$19.06	\$7.32	\$15.31	\$1.24
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4214								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.17								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$53.17	\$0.00	\$16.20	\$16.02		\$19.06	\$7.32	\$15.31	\$1.24
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$122.19	\$53.17	\$0.00	\$16.20	\$16.02		\$19.06	\$7.32	9.18 (FRV)	\$1.24
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$13.97	\$7.11	\$0.00	\$2.17	\$2.14	\$0.00	\$2.55	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$136.16	\$60.28	\$0.00	\$18.37	\$18.16	\$0.00	\$21.61	\$7.32	\$9.18	\$1.24
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5478								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.30								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$169.18	\$93.30	\$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 - Awd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.33	\$2.33								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	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	\$23.76	\$5.66	\$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	\$192.94	\$98.96	\$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	\$131.88									

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>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.3341</b>					<b>1.3341</b>	<b>1.3617</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>4.95</b>		Qtrly BIMS score: <b>41.7%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.3543</b>					<b>1.3543</b>	<b>1.5138</b>
					<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.3755</b>					<b>1.3755</b>	<b>1.5405</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	\$4,564,064	\$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 Adjstmts	\$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	30,465									
8	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 27,936								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		<u>1.3341</u>								
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		<u>1.3755</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.86								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$176.27	\$98.86	\$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 - 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	\$2.47	\$2.47								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Sifng 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	\$23.08	\$4.98	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$199.35	\$103.84	\$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	\$136.69									

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>10/1/2020</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>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>4.42</b>		Qltry BIMS score: <b>35.7%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.0720</b>					<b>1.5138</b>	
					<b>3.0%</b>	Qltry Mcaid CMI w RUG Wght Options: <b>1.0822</b>					<b>1.5405</b>	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskng	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	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 Adjstmts	\$217,869	\$27,490	\$0	(\$1,623)	\$2,348	\$3,679	\$189,241		(\$8,976)	\$5,710
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,324,244	\$1,523,179	\$0	\$702,980	\$194,049	\$263,566	\$473,018	\$48,494	\$113,248	\$5,710
8	Total Nursing Facility Days As Filed Days = 19,848	FY12 Audited C/R Days	19,848									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,232	FY 18 GL-PL Ins Rpt Days								19,232		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$167.57	\$76.74	\$0.00	\$35.42	\$23.06	(with L&H)	\$23.83	\$2.52	\$5.71	\$0.29
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.0648								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$72.07								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$72.07	\$0.00	\$35.42	\$23.06		\$23.83	\$2.52	\$5.71	\$0.29
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155.03	\$71.51	\$0.00	\$29.15	\$23.06		\$20.56	\$2.52	7.94 (FRV)	\$0.29
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$19.29	\$9.56	\$0.00	\$3.90	\$3.08	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$174.32	\$81.07	\$0.00	\$33.05	\$26.14	\$0.00	\$23.31	\$2.52	\$7.94	\$0.29
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qltr End		1.0822								
18	Qltry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$87.73								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$180.98	\$87.73	\$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 (Std - 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 = 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 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	\$21.94	\$4.82	\$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	\$202.92	\$92.55	\$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	\$139.37									

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

FINAL

Provider: <b>Twin View Health Care</b> Prvdr ID: <b>00040807A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b> MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</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:				1.2987	1.3617	
				Qtrly BIMS score:	25.0%	1.0%	Quarterly Medicaid CMI:				1.4872	1.5138	
				Nurse Hours per On-Site Day/Quality Incentive:	3.22	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.5134	1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			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	\$3,496,358	\$1,767,082	\$0	\$378,395	\$285,702	\$188,332	\$484,426	\$33,172	\$359,249	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$129,932)	(\$91,481)	\$0	\$990	\$563	\$2,972	(\$30,069)		(\$44,411)	\$31,504	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,366,426	\$1,675,601	\$0	\$379,385	\$286,265	\$191,304	\$454,357	\$33,172	\$314,838	\$31,504	
8	Total Nursing Facility Days	As Filed Days = 38,732	38,732										
9	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 37,192											
10	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	
11	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2987									
12	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$33.31									
13	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	
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	\$76.06	\$33.31	\$0.00	\$9.80	\$12.33		\$11.73	\$0.89	7.19	\$0.81	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
16	Growth Allowance Percentage =	Ln 14 x Grwth Allwnc %	\$8.98	\$4.45	\$0.00	\$1.31	\$1.65	\$0.00	\$1.57	N/A	N/A	N/A	
17	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	
18	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5134									
19	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$57.15									
20	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$104.43	\$57.15	\$0.00	\$11.11	\$13.98	\$0.00	\$13.30	\$0.89	\$7.19	\$0.81	
<b>Quarterly Per Diem Add-on Amounts</b>													
21	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		
22	BIMS Add-on Per Diem =	Ln 19 Col b x CPS Add-on	\$0.57	\$0.57									
23	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$1.71	\$1.71									
24	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
25	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.91	\$2.81	\$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	\$125.34	\$59.96	\$0.00	\$11.33	\$14.39	\$0.00	\$30.77	\$0.89	\$7.19	\$0.81	
27	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$81.18										
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

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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	\$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 Allownc %	\$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		1.5541								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$74.35								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$150.11	\$74.35	\$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 = 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 Stfng Add-on	\$2.23	\$2.23								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.01	\$3.50	\$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	\$171.12	\$77.85	\$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	\$115.52									

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

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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: 10/1/2020		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.1378				1.1378	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20		Nurse Hours per On-Site Day/Quality Incentive: 4.23		Qtrly BIMS score: 58.3%	5.5%	Quarterly Medicaid CMI: 1.4506				1.4506	1.5138	
					3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4746				1.4746	1.5405	
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	\$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 Adjstmnts	(\$73,347)	\$1,582	\$0	\$0	\$887	\$721	(\$65,752)		(\$35,652)	\$24,867
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,671,402	\$2,888,879	\$0	\$712,802	\$414,199	\$336,892	\$595,091	\$99,517	\$599,155	\$24,867
8	Total Nursing Facility Days As Filed Days = 43,939	FY12 Audited C/R Days	43,939									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 42,165	FY 18 GL-PL Ins Rpt Days								42,165		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$129.17	\$65.75	\$0.00	\$16.22	\$17.09	(with L&H)	\$13.54	\$2.36	\$13.64	\$0.57
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1378								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.79								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$57.79	\$0.00	\$16.22	\$17.09		\$13.54	\$2.36	\$13.64	\$0.57
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$116.00	\$57.79	\$0.00	\$16.22	\$17.09		\$13.54	\$2.36	8.43 (FRV)	\$0.57
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allownc %	\$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		1.4746								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.62								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$161.09	\$96.62	\$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 (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	\$5.31	\$5.31								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$2.90	\$2.90								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.84	\$8.74	\$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	\$187.93	\$105.36	\$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	\$128.12									

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

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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	
Pvdr ID: <b>00143294A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.4355</b>				<b>1.4355</b>	<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.22</b>		Qtrly BIMS score: <b>34.9%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.6308</b>				<b>1.6308</b>	<b>1.5138</b>	
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.6597</b>				<b>1.6597</b>	<b>1.5405</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	\$4,499,668	\$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									
9	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		1.4355								
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 = 13.37%	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		1.6597								
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	\$160.64	\$95.22	\$0.00	\$15.85	\$13.30	\$0.00	\$23.31	\$0.09	\$11.90	\$0.97
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Sind - 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	\$2.38	\$2.38								
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	\$23.50	\$5.77	\$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	\$184.14	\$100.99	\$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	\$125.28									

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: Tower Road Healthcare</b> <b>Prvdr ID: 00083003A</b> Case Mix Per Diem Rate Effective Date: 10/1/2020 MDS & Nurse Hrs Data per Quarter Ending: 06/30/20 Growth Allowance: N/A Qtrly BIMS score: 27.9% Nurse Hours per On-Site Day/Quality Incentive: 3.87 Facility Score: N/A Add-on Percent: 13.37% 1.0% 2.0% Base Period Overall CMI: 1.4452 Quarterly Medicaid CMI: 1.9805 Qtrly Mcaid CMI w RUG Wght Options: 2.0190 1.4452 1.3617 1.5138 1.5405												
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>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	\$6,808,435	\$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	FY12 Audited C/R Days	40,246									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,585	FY 18 GL-PL Ins Rpt Days								41,585		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$165.47	\$88.63	\$0.00	\$16.22	\$18.23	(with L&H)	\$33.81	\$1.36	\$5.86	\$1.36
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4452								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.33								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$61.33	\$0.00	\$16.22	\$18.23		\$33.81	\$1.36	\$5.86	\$1.36
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$131.71	\$61.33	\$0.00	\$16.22	\$18.23		\$20.56	\$1.36	12.65 (FRV)	\$1.36
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Althnc %	\$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		2.0190								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$140.38								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$218.12	\$140.38	\$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 ((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	\$0.00	\$0.00
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.40	\$1.40								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (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	\$22.47	\$4.74	\$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	\$240.59	\$145.12	\$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	\$167.62									

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
Prvdr ID: <b>00404995A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</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>06/30/20</b>		Qtrly BIMS score: <b>36.6%</b>		<b>36.6%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.3253</b>		<b>1.5138</b>	<b>1.5138</b>		
				Nurse Hours per On-Site Day/Quality Incentive: <b>3.74</b>		<b>3.74</b>	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.3450</b>		<b>1.3450</b>	<b>1.5405</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	\$4,890,696	\$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 Adjstmnts	\$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	FY12 Audited C/R Days	28,961										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,002	FY 18 GL-PL Ins Rpt Days								41,002			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$172.82	\$84.36	\$0.00	\$15.71	\$20.79	(with L&H)	\$32.55	\$2.88	\$15.93	\$0.60	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.3657</u>									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.77									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$61.77	\$0.00	\$15.71	\$20.79		\$32.55	\$2.88	\$15.93	\$0.60	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$134.71	\$61.77	\$0.00	\$15.71	\$20.79		\$20.56	\$2.88	12.40 (FRV)	\$0.60	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$15.89	\$8.26	\$0.00	\$2.10	\$2.78	\$0.00	\$2.75	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$150.60	\$70.03	\$0.00	\$17.81	\$23.57	\$0.00	\$23.31	\$2.88	\$12.40	\$0.60	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.3450</u>									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.19									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.76	\$94.19	\$0.00	\$17.81	\$23.57	\$0.00	\$23.31	\$2.88	\$12.40	\$0.60	
<b>Quarterly Per Diem Add-on Amounts</b>													
20	Efficiency Add-on Per Diem ((Std - Awd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	\$0.00	\$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	\$2.35	\$2.35									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$2.83	\$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	\$23.44	\$5.71	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$198.20	\$99.90	\$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	\$135.83										

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: 10/1/2020		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.2904					1.3617	
		MDS & Nurse Hrs Data per Quarter Ending: 06/30/20		Qtrly BIMS score: 45.2%	5.5%	Quarterly Medicaid CMI: 1.6697					1.5138	
				Nurse Hours per On-Site Day/Quality Incentive: 3.61	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6982					1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility 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	\$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 Adjstmts	(\$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									
8	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		1.6982								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.99								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.00	\$116.99	\$0.00	\$15.89	\$17.83	\$0.00	\$16.65	\$2.81	\$9.39	\$1.44
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ([Std - 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	\$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 = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.51	\$3.51								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$11.47	\$10.47	\$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	\$192.47	\$127.46	\$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	\$144.35									

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>10/1/2020</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>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.98</b>		Qtrly BIMS score: <b>57.9%</b>	<b>5.5%</b>	Quarterly Medicaid CMI: <b>1.4242</b>					<b>1.5138</b>	
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.4506</b>					<b>1.5405</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	\$2,674,762	\$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 Adjstmnts	(\$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	18,155									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 17,802								17,802		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$146.78	\$77.23	\$0.00	\$17.57	\$18.24	(with L&H)	\$21.51	\$2.70	\$9.29	\$0.24
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.5628</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.42								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$49.42	\$0.00	\$17.57	\$18.24		\$21.51	\$2.70	\$9.29	\$0.24
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$121.19	\$49.42	\$0.00	\$17.57	\$18.24		\$20.56	\$2.70	12.46 (FRV)	\$0.24
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage =	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		<u>1.4506</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$81.28								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$160.59	\$81.28	\$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 ((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 =	Ln 19 Col b x CPS Add-on	\$4.47	\$4.47								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$2.44	\$2.44								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.17	\$7.44	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$185.76	\$88.72	\$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	\$126.50									

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>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.0956</b>					<b>1.3617</b>	
		MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Qtrly BIMS score: <b>54.0%</b>	<b>5.5%</b>	Quarterly Medicaid CMI: <b>0.9926</b>					<b>1.5138</b>	
				Nurse Hours per On-Site Day/Quality Incentive: <b>3.27</b>	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.0052</b>					<b>1.5405</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	\$7,039,364	\$3,497,545	\$0	\$1,224,428	\$269,326	\$185,329	\$1,486,263	\$59,384	\$317,089	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$23,978)	\$0	\$0	\$0	\$0	\$0	(\$23,978)		(\$11,036)	\$11,036
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,015,386	\$3,497,545	\$0	\$1,224,428	\$269,326	\$185,329	\$1,462,285	\$59,384	\$306,053	\$11,036
8	Total Nursing Facility Days As Filed Days = 37,344	FY12 Audited C/R Days	37,344									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,434	FY 18 GL-PL Ins Rpt Days								36,434		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$187.91	\$93.66	\$0.00	\$32.79	\$12.17	(with L&H)	\$39.16	\$1.63	\$8.20	\$0.30
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.0956								
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 = 13.37%	Ln 14 x Grwth Allwnc %		\$16.40	\$9.56	\$0.00	\$2.46	\$1.63	\$0.00	\$2.75	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
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End								1.0052		
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17			\$81.49							
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16		\$151.93	\$81.49	\$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	\$0.41	\$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		\$4.48	\$4.48							
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on		\$2.44	\$2.44							
23	Nursing Home Provider Fee	(Fixed Amount)		\$17.10					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23		\$24.43	\$6.92	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24		\$176.36	\$88.41	\$0.00	\$20.87	\$14.21	\$0.00	\$40.41	\$1.63	\$10.53
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75		\$119.45								

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>10/1/2020</b>		Growth Allowance: <b>N/A</b>		<b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.2778</b>		<b>1.3617</b>		<b>1.3617</b>	
		MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>4.79</b>		<b>26.2%</b>	<b>1.0%</b>	Quarterly Medicaid CMI: <b>1.5998</b>		<b>1.5138</b>		<b>1.5138</b>	
						<b>4.79</b>	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.6288</b>		<b>1.6288</b>		<b>1.5405</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 Adjstmts	(\$234,366)	(\$200,812)	\$0	\$2,544	\$17,018	\$3,084	(\$48,561)		(\$15,041)	\$7,402	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,893,909	\$2,415,956	\$0	\$796,203	\$249,403	\$249,655	\$569,889	\$65,154	\$540,247	\$7,402	
8	Total Nursing Facility Days As Filed Days = 30,138	FY12 Audited C/R Days	30,138										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,367	FY 18 GL-PL Ins Rpt Days								30,367			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$162.38	\$80.16	\$0.00	\$26.42	\$16.56	(with L&H)	\$18.91	\$2.15	\$17.93	\$0.25	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2778									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.73									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$62.73	\$0.00	\$26.42	\$16.56		\$18.91	\$2.15	\$17.93	\$0.25	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$145.92	\$62.73	\$0.00	\$26.42	\$16.56		\$18.91	\$2.15	18.90 (FRV)	\$0.25	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Althwc %	\$16.66	\$8.39	\$0.00	\$3.53	\$2.21	\$0.00	\$2.53	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$162.58	\$71.12	\$0.00	\$29.95	\$18.77	\$0.00	\$21.44	\$2.15	\$18.90	\$0.25	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6288									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.84									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$207.30	\$115.84	\$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 (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	\$1.16	\$1.16									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.48	\$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	\$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	\$230.57	\$121.01	\$0.00	\$30.17	\$19.18	\$0.00	\$38.91	\$2.15	\$18.90	\$0.25	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$160.10										

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	
Prvdr ID: <b>00143415A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</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>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.81</b>		Qtrly BIMS score: <b>36.2%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.1686</b>				<b>1.1686</b>	<b>1.5138</b>	
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.1897</b>				<b>1.1897</b>	<b>1.5405</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>1</b> Hosp Based All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$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									
9	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	\$0.00
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		1.1897								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.45								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.09	\$96.45	\$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 ((Sind - 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	\$2.41	\$2.41								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.89	\$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	\$23.13	\$5.30	\$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	\$207.22	\$101.75	\$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	\$142.59									

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>10/1/2020</b>		Growth Allowance: <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>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.83</b>		Qtrly BIMS score: <b>42.9%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.4301</b>					<b>1.5138</b>	<b>1.5138</b>
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.4537</b>					<b>1.5405</b>	<b>1.5405</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>											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,260,037	\$4,994,106	\$0	\$831,460	\$532,811	\$395,396	\$1,007,514	\$183,274	\$315,476	\$0
6	Audit Adjustments and Realocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$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									
8	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 50,751	FY 18 GL-PL Ins Rpt Days								50,751		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$158.83	\$97.60	\$0.00	\$16.25	\$18.05	(with L&H)	\$17.15	\$3.61	\$6.17	\$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3761								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.92								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$70.92	\$0.00	\$16.25	\$18.05		\$17.15	\$3.61	\$6.17	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	\$0.00
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 = 13.37%	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 Case Mix Index for Medicaid Residents	per Current Qtr End		1.4537								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.88								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$195.22	\$116.88	\$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 ((Stnd - 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 = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.92	\$2.92								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x 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	\$24.97	\$6.87	\$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	\$220.19	\$123.75	\$0.00	\$18.64	\$20.87	\$0.00	\$36.91	\$3.61	\$16.41	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$152.32									

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

FINAL

Provider: <b>University Nursing and Rehab Center</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: <b>00140533A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: <b>N/A</b>		<b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.4327</b>				<b>1.4014</b>	
		MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Qtrly BIMS score: <b>23.3%</b>		<b>23.3%</b>	<b>1.0%</b>	Quarterly Medicaid CMI: <b>1.5003</b>				<b>1.5138</b>	
		Nurse Hours per On-Site Day/Quality Incentive:				<b>3.52</b>	<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.5274</b>				<b>1.5405</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)		<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 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	As Filed Days = 16,905	16,905										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 33,746								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		<b>1.4327</b>									
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		<b>1.5274</b>									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$126.94									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$198.74	\$126.94	\$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 ((Std - Actwd) 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 =	Ln 19 Col b x CPS Add-on	\$1.27	\$1.27									
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	\$21.54	\$3.81	\$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	\$220.28	\$130.75	\$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	\$152.39										

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: Vista Park Health and Rehab</b> <b>Prvdr ID: 00142931A</b> <b>H/B?: No</b> <b>Case Mix Per Diem Rate Effective Date: 10/01/20</b> <b>MDS &amp; Nurse Hrs Data per Quarter Ending: 06/30/20</b>												
				<b>Add-on Data and Percentages</b> <b>Growth Allowance: N/A</b> <b>BIMS: 42.9%</b> <b>Nurse Hours per On-Site Day/Quality Incentive: 3.96</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: 1.4571</b> <b>Quarterly Medicaid CMI: 1.5596</b> <b>Qrtrly Mcaid CMI w RUG Wght Options: 1.5863</b>			<b>Facility Specific: 1.4571</b> <b>1.5596</b> <b>1.5863</b>	<b>State-wide: 1.3617</b> <b>1.5138</b> <b>1.5405</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>												
<i>GL-PL- Insurance Costs</i>												
<i>Total Nursing Facility Days GL-PL Ins. Rpt</i>												
<i>Standard Per Diem (After CMA for Routine Srvc)</i>												
<i>Allowed @ 95% of Std</i>												
<i>Growth Allowance 13.4%</i>												
<i>CMA Allowed Per Diem (After Growth Allowance)</i>												
<i>Quarterly Facility Case Mix Index for Medicaid Residents</i>												
<i>Qrtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem</i>												
<i>Quarterly Medicaid CMA Allowed Per Diem</i>												
<i>Quarterly Per Diem Add-On Amounts</i>												
<i>BIMS Add-on Per Diem = 2.5% x Routine Srvc</i>												
<i>Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%</i>												
<i>Nursing Home Provider Fee</i>												
<i>Total Quarterly Per Diem Add-On Amounts</i>												
<b>Quarterly Case Mix Based Per Diem Rate</b>												
<b>Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%</b>												

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

FINAL

Provider: <b>Warm Springs Med. Ctr. NH</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: <b>00141952A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.1001</b>					<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.68</b>		Qtrly BIMS score: <b>37.1%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.0507</b>					<b>1.5138</b>	
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.0654</b>					<b>1.5405</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	\$2,845,929	\$1,710,029	\$0	\$566,162	\$0	\$0	\$544,033	\$25,705	\$0	\$0
6	Audit Adjustments and Realocations 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		1.0654								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$68.23								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$150.19	\$68.23	\$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 - 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	\$1.71	\$1.71								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	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	\$21.98	\$4.29	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$172.17</b>	<b>\$72.52</b>	<b>\$0.00</b>	<b>\$23.55</b>	<b>\$26.18</b>	<b>\$0.00</b>	<b>\$38.69</b>	<b>\$0.97</b>	<b>\$10.26</b>	<b>\$0.00</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$116.30</b>									

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: 10/1/2020		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.5459					1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20		Nurse Hours per On-Site Day/Quality Incentive:		23.5%	1.0%	Quarterly Medicaid CMI: 1.4820					1.5138	
				2.88	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5078					1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$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, AJOthr = 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		1.5078								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$77.26								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AJOthr = Ln 16	\$152.02	\$77.26	\$0.00	\$17.37	\$21.04	\$0.00	\$23.31	\$3.33	\$8.28	\$1.43
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((SInd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 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	\$2.32	\$2.32								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.35	\$3.62	\$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	\$173.37	\$80.88	\$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	\$117.20									

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>10/1/2020</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>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.05</b>		Qtrly BIMS score: <b>33.3%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.5111</b>					<b>1.5138</b>	
				Qtrly Mcaid CMI w RUG Wght Options: <b>3.05</b>	<b>3.0%</b>						<b>1.5405</b>	<b>1.5405</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	\$3,914,244	\$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 Adjstms	(\$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									
9	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		1.3956								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.87								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$53.87	\$0.00	\$15.01	\$20.42		\$17.84	\$0.58	\$11.63	\$1.17
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$116.84	\$53.87	\$0.00	\$15.01	\$20.42		\$17.84	\$0.58	7.95 (FRV)	\$1.17
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage =	Ln 14 x Grwth 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		1.5405								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.08								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$164.18	\$94.08	\$0.00	\$17.02	\$23.15	\$0.00	\$20.23	\$0.58	\$7.95	\$1.17
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - 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	\$2.35	\$2.35								
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	\$23.80	\$5.70	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$187.98	\$99.78	\$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	\$128.16									

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

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Provider: <b>Washington County ECF</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
PvdR ID: <b>00143481A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.2193</b>				<b>1.2193</b>	<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>4.25</b>		Qtrly BIMS score: <b>34.7%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.1240</b>				<b>1.1240</b>	<b>1.5138</b>	
					<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.1413</b>				<b>1.1413</b>	<b>1.5405</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	\$3,373,157	\$1,811,873	\$0	\$526,053	\$251,118	\$220,612	\$414,250	\$24,556	\$124,695	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$45,465)	(\$126,889)	\$0	\$13,233	\$23,828	\$2,360	\$44,850		(\$8,108)	\$5,261
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,327,692	\$1,684,984	\$0	\$539,286	\$274,946	\$222,972	\$459,100	\$24,556	\$116,587	\$5,261
8	Total Nursing Facility Days As Filed Days = 21,337	FY12 Audited C/R Days	21,174									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,995	FY 18 GL-PL Ins Rpt Days								20,995		
9	Net Per Diems prior to Case Mix 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 (FRV)	\$0.25
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$17.98	\$8.73	\$0.00	\$3.41	\$3.09	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$163.66	\$74.00	\$0.00	\$28.88	\$26.18	\$0.00	\$23.31	\$1.17	\$9.87	\$0.25
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1413								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$84.46								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.12	\$84.46	\$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 ((SInd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.11	\$2.11								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Slfng 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	\$22.49	\$5.17	\$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	\$196.61	\$89.63	\$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	\$134.63									

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 & 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	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		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	\$3,407,600	\$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 Adjstmnts	(\$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									
9	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 Growth 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		1.5058								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.96								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$153.09	\$86.96	\$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 - 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	\$0.87	\$0.87								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	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	\$175.20	\$90.97	\$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	\$118.58									

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

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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>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.0621</b>				<b>1.0621</b>	<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>4.22</b>		Qtrly BIMS score: <b>47.4%</b>	<b>5.5%</b>	Quarterly Medicaid CMI: <b>1.0142</b>				<b>1.0142</b>	<b>1.5138</b>	
				Qtrly Mcaid CMI w RUG Wght Options: <b>4.22</b>	<b>3.0%</b>					<b>1.0234</b>	<b>1.5405</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	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$16,220,913	\$6,862,339	\$0	\$2,190,817	\$888,453	\$806,941	\$2,925,067	\$177,092	\$2,370,204	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$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	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&I)	\$45.23	\$2.88	\$37.20	\$0.00
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<b>1.0621</b>								
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	\$0.00
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$19.30	\$9.56	\$0.00	\$3.90	\$3.09	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$174.92	\$81.07	\$0.00	\$33.05	\$26.18	\$0.00	\$23.31	\$2.88	\$8.43	\$0.00
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<b>1.0234</b>								
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	\$176.82	\$82.97	\$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 (SInd - 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>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.56	\$4.56								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$2.49	\$2.49								
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	\$7.05	\$7.05	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	<b>\$183.87</b>	<b>\$90.02</b>	<b>\$0.00</b>	<b>\$33.05</b>	<b>\$26.18</b>	<b>\$0.00</b>	<b>\$23.31</b>	<b>\$2.88</b>	<b>\$8.43</b>	<b>\$0.00</b>
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	<b>\$137.90</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
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$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 Adjstms	(\$226,908)	(\$33,605)	\$0	\$906	\$466	(\$9,971)	(\$177,875)		(\$87,467)	\$80,638
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,520,296	\$4,727,074	\$0	\$992,105	\$602,113	\$621,084	\$861,430	\$143,697	\$492,155	\$80,638
8	Total Nursing Facility Days As Filed Days = 55,567	FY12 Audited C/R Days	55,567									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 56,920	FY 18 GL-PL Ins Rpt Days								56,920		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$153.26	\$85.07	\$0.00	\$17.85	\$22.01	(with L&H)	\$15.50	\$2.52	\$8.86	\$1.45
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2888								
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 Case Mix Index for Medicaid Residents	per Current Qtr End		1.4370								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.56								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.19	\$107.56	\$0.00	\$20.24	\$24.95	\$0.00	\$17.57	\$2.52	\$9.90	\$1.45
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.69	\$2.69								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$3.23	\$3.23								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.55	\$6.45	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$208.74	\$114.01	\$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	\$143.73									

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 & Housekeeping	Plant Operations & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<b>CASE MIX BASED RATE CALCULATIONS</b>												
1	<b>Cost Center Peer Groups</b> Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
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	\$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 Adjstms	(\$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	54,323									
9	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 52,298								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 =	Ln 14 x Grwth Allownc %	\$15.97	\$8.66	\$0.00	\$2.46	\$2.97	\$0.00	\$1.88	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$148.57	\$73.40	\$0.00	\$20.87	\$25.16	\$0.00	\$15.91	\$2.45	\$9.42	\$1.36
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3851								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.67								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$176.84	\$101.67	\$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 (Stnd - 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 =	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	\$24.00	\$6.12	\$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	\$200.84	\$107.79	\$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	\$137.81									

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

FINAL

Provider: <b>Westbury Medical Care 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>00143514A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.1885</b>				<b>1.3617</b>		
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score: <b>48.0%</b>	<b>5.5%</b>	Quarterly Medicaid CMI: <b>1.5032</b>				<b>1.5138</b>		
				<b>4.68</b>	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.5326</b>				<b>1.5405</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	\$8,695,334	\$4,779,938	\$0	\$1,004,184	\$671,257	\$515,393	\$1,252,659	\$142,847	\$329,058	\$0
6	Audit Adjustments and Realocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$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	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$120.20	\$58.53	\$0.00	\$14.62	\$16.89		\$15.93	\$2.11	10.79 (FRV)	\$1.33
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$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		1.5326								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.70								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$169.71	\$101.70	\$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 (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	\$5.59	\$5.59								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.05	\$3.05								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.27	\$9.17	\$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	\$196.98	\$110.87	\$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	\$134.91									

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

FINAL

Provider: <b>Westminster Commons</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: <b>00140082A</b>		Case Mix Per Diem Rate Effective Date: 10/01/20		Growth Allowance: N/A		N/A	13.37%	Base Period Overall CMI: 1.3564				1.3699	
		MDS & Nurse Hrs Data per Quarter Ending: 06/30/20		Qtrly BIMS score: 41.3%		41.3%	2.5%	Quarterly Medicaid CMI: 1.3707				1.5138	
				Nurse Hours per On-Site Day/Quality Incentive: 3.32		3.32	2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.3933				1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			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	\$4,634,507	\$2,142,321	\$0	\$373,615	\$221,648	\$334,257	\$885,491	\$115,686	\$561,489	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	(\$109,588)	\$0	\$0	\$0	\$0	\$0	(\$109,588)		(\$65,969)	\$65,969	
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$4,524,919	\$2,142,321	\$0	\$373,615	\$221,648	\$334,257	\$775,903	\$115,686	\$495,520	\$65,969	
8	Total Nursing Facility Days As Filed Days = 27,110	FY13 Audited C/R Days	27,110										
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,912	FY 18 GL-PL Ins Rpt Days								26,912			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$166.94	\$79.02	\$0.00	\$13.78	\$20.51	(with L&H)	\$28.62	\$4.30	\$18.28	\$2.43	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.3564									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.26									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$58.26	\$0.00	\$13.78	\$20.51		\$28.62	\$4.30	\$18.28	\$2.43	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.90	\$0.00	\$19.14	\$23.27		\$23.46	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$130.55	\$58.26	\$0.00	\$13.78	\$20.51		\$23.46	\$4.30	7.81 (FRV)	\$2.43	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 13.4%	Ln 14 x Grwth 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 Case Mix Index for Medicaid Residents	per Current Qtr End		1.3933									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.03									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.04	\$92.03	\$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	\$2.30	\$2.30									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.84	\$1.84									
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	\$22.40	\$4.67	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$194.44	\$96.70	\$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	\$133.01										

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>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.3807</b>					<b>1.3617</b>	
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		24.2%	<b>1.0%</b>	Quarterly Medicaid CMI: <b>1.8806</b>					<b>1.5138</b>	
				3.67	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.9175</b>					<b>1.5405</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> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R - FY 2018 GL-PL Rpt	\$3,525,367	\$1,800,265	\$0	\$374,449	\$236,795	\$228,123	\$614,543	\$83,198	\$187,994	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$95,818)	\$0	\$0	\$0	(\$1,235)	(\$1,189)	(\$92,415)		(\$34,176)	\$33,197
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,429,549	\$1,800,265	\$0	\$374,449	\$235,560	\$226,934	\$522,128	\$83,198	\$153,818	\$33,197
8	Total Nursing Facility Days As Filed Days = 27,760	FY12 Audited C/R Days	27,760									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,696	FY 18 GL-PL Ins Rpt Days								26,696		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$123.67	\$64.85	\$0.00	\$13.49	\$16.66	(with L&H)	\$18.81	\$3.12	\$5.54	\$1.20
10	Base Period Facility Case Mix Index 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 = <b>13.37%</b>	Ln 14 x Grwth Allwnc %	\$12.82	\$6.28	\$0.00	\$1.80	\$2.23	\$0.00	\$2.51	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$124.21	\$53.25	\$0.00	\$15.29	\$18.89	\$0.00	\$21.32	\$3.12	\$11.14	\$1.20
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.9175</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.11								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$173.07	\$102.11	\$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 ((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 = <b>1.0%</b> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.02	\$1.02								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <b>3.0%</b> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.06	\$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	\$22.71	\$4.61	\$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	\$195.78	\$106.72	\$0.00	\$15.51	\$19.30	\$0.00	\$38.79	\$3.12	\$11.14	\$1.20
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$134.01									

Quarterly Case Mix Per Diem Rate Calculations

FINAL

Provider: Westwood Nursing Center		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00370862A		Case Mix Per Diem Rate Effective Date: 10/01/20		Growth Allowance: N/A		N/A	13.37%	Base Period Overall CMI: 1.3746				1.3617	
H/B ? : No		MDS & Nurse Hrs Data per Quarter Ending: 06/30/20		Nurse Hours per On-Site Day/Quality Incentive: 3.16		37.8%	2.5%	Quarterly Medicaid CMI: 1.6713				1.5138	
						3.16	2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6998				1.5405	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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>													
<i>Type of Facility within Peer Group</i>													
<i>Bed Size Range within Peer Group</i>													
<i>Peer Group Standards &amp; Efficiency Measure Limits</i>													
<i>Peer Group Standards: Percentile</i>													
<i>Peer Group Standards: Multiplier</i>													
<i>Efficiency Measures (Maximums)</i>													
<b>Base Period Per Diem Allowed Amounts</b>													
Net Historical Cost 2010													
FY2010 C/R -FY 2018 GL-PL Rpt													
Inflation (July 2012) @ 2.06%													
Patient Days													
FY 2010 Cost Rpt													
Total Nursing Facility Days GL-PL Ins. Rpt													
FY 18 GL-PL Ins Rpt Days													
Inflated NHC/ Patient Days													
Base Period Facility CMI for all Residents													
Routine Services Case Mix Adjusted Net Per Diem													
Net Per Diems After Case Mix Adjustments													
Per Diem Standards													
Base Period Case Mix Adjusted Allowed Per Diem													
Quarterly Per Diem Rate Prior to Add-Ons													
Growth Allowance 13.37%													
CMA Allowed Per Diem After Growth Allowance													
Quarterly Facility Case Mix Index for Medicaid Residents													
Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem													
Quarterly Medicaid CMA Allowed Per Diem													
Quarterly Per Diem Add-On Amounts													
Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)													
BIMS Add-on Per Diem = 2.5% (to Routine Svcs)													
Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%													
Nursing Home Provider Fee													
Total Quarterly Per Diem Add-On Amounts													
Quarterly Case Mix Based Per Diem Rate													
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%													

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

FINAL

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 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 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	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 Adjstmnts	(\$41,467)	(\$1,169)	\$0	\$0	\$1,443	\$1,470	(\$43,494)		(\$11,947)	\$12,230	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,068,020	\$1,106,493	\$0	\$281,589	\$163,738	\$166,780	\$308,391	\$8,987	\$19,812	\$12,230	
8	Total Nursing Facility Days As Filed Days = 15,340	FY12 Audited C/R Days	15,340										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,434	FY 18 GL-PL Ins Rpt Days								15,434			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$134.81	\$72.13	\$0.00	\$18.36	\$21.55	(with L&H)	\$20.10	\$0.58	\$1.29	\$0.80	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3013									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.43									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.43	\$0.00	\$18.36	\$21.55		\$20.10	\$0.58	\$1.29	\$0.80	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.05	\$55.43	\$0.00	\$18.36	\$21.55		\$20.10	\$0.58	9.23 (FRV)	\$0.80	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$15.43	\$7.41	\$0.00	\$2.45	\$2.88	\$0.00	\$2.69	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.48	\$62.84	\$0.00	\$20.81	\$24.43	\$0.00	\$22.79	\$0.58	\$9.23	\$0.80	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6155									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.52									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$180.16	\$101.52	\$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 ((Stnd - Ahdw) x .75, up to max, or 0)	(see Policy Manual)	\$1.32	\$0.53	\$0.00	\$0.04	\$0.41	\$0.00	\$0.34		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.54	\$2.54									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 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	\$24.01	\$6.12	\$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	\$204.17	\$107.64	\$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	\$140.30										

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

FINAL

Provider: <b>William Breman Jewish Home</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: <b>00040752A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.4004</b>					<b>1.4004</b>	<b>1.3617</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score: <b>57.6%</b>	<b>5.5%</b>	Quarterly Medicaid CMI: <b>1.7055</b>					<b>1.7055</b>	<b>1.5138</b>
				Qtrly Mcaid CMI w RUG Wght Options: <b>5.52</b>	<b>3.0%</b>						<b>1.7364</b>	<b>1.5405</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	\$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										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed 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 Case Mix Index for All Residents	from 4 qtrs of FY12		<b>1.4004</b>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$98.80								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$98.80	\$0.00	\$44.02	\$33.47		\$44.19	\$4.31	\$15.87	\$1.12
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$166.81	\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$4.31	27.81 (FRV)	\$1.12
<b>Quarterly Per Diem Rate Prior to Add-ons</b>												
15	Growth Allowance Percentage = <b>13.37%</b>	Ln 14 x Grwth Allwnc %	\$17.86	\$9.56	\$0.00	\$2.46	\$3.09	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$184.67	\$81.07	\$0.00	\$20.87	\$26.18	\$0.00	\$23.31	\$4.31	\$27.81	\$1.12
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<b>1.7364</b>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$140.77								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$244.37	\$140.77	\$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 ((Sind - Ahdw) 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 = <b>5.5%</b> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$7.74	\$7.74								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <b>3.0%</b> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.22	\$4.22								
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	\$29.06	\$11.96	\$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	\$273.43	\$152.73	\$0.00	\$20.87	\$26.18	\$0.00	\$40.41	\$4.31	\$27.81	\$1.12
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$192.25									

Quarterly Case Mix Per Diem Rate Calculations

FINAL

Provider: Willowood Nursing Center		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide		
Prvdr ID: 00271829A		Growth Allowance:		N/A	13.37%	Base Period Overall CMI:			1.1879	1.3617		
H/B ? : No		Case Mix Per Diem Rate Effective Date: 10/01/20		BIMS	5.5%	Quarterly Medicaid CMI:			1.7382	1.5138		
		MDS & Nurse Hrs Data per Quarter Ending: 06/30/20		Nurse Hours per On-Site Day/Quality Incentive:	3.0%	Qrtly Mcaid CMI w RUG Wght Options:			1.7719	1.5405		
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>			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>Base Period Per Diem Allowed Amounts</b>											
	Net Historical Cost 2010			1,595,445		413,205	205,765	267,259	616,206	78,669	380,009	18,585
	Inflation (July 2012) @ 2.06%			32,866		8,512	9,744		12,694			383
	Patient Days			35,750		35,750	35,750		35,750		35,750	35,750
	Total Nursing Facility Days GL-PL Ins. Rpt											
	Inflated NHC/ Patient Days			45.55		11.80	13.50		17.59	31,254	10.63	0.53
	Base Period Facility CMI for all Residents			1.1879						2.52		
	Routine Services Case Mix Adjusted Net Per Diem			\$38.34								
	Net Per Diems After Case Mix Adjustments		\$94.91	\$38.34		\$11.80	\$13.50		\$17.59	\$2.52	\$10.63	0.53
	Per Diem Standards			\$72.49		\$17.69	\$23.20		\$21.80			
	Base Period Case Mix Adjusted Allowed Per Diem		\$92.28	\$38.34		\$11.80	\$13.50		\$17.59	\$2.52	7.99	0.53
	<b>Quarterly Per Diem Rate Prior to Add-Ons</b>										(FRV Rate)	
	Growth Allowance 13.37%		\$10.86	\$5.13		\$1.58	\$1.81		\$2.35			
	CMA Allowed Per Diem After Growth Allowance		\$103.13	\$43.47		\$13.37	\$15.31		\$19.94	\$2.52	\$7.99	\$0.53
	Quarterly Facility Case Mix Index for Medicaid Residents			1.7719								
	Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$77.02								
	Quarterly Medicaid CMA Allowed Per Diem		\$136.69	\$77.02		\$13.37	\$15.31		\$19.94	\$2.52	\$7.99	\$0.53
	<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 = 5.5% (to Routine Svcs)		\$4.24	4.24								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$2.31	2.31								
	Nursing Home Provider Fee		\$ 17.10						\$ 17.10			
	Total Quarterly Per Diem Add-On Amounts		\$25.18									
	<b>Quarterly Case Mix Based Per Diem Rate</b>		<b>\$161.87</b>	<b>\$84.10</b>		<b>\$13.59</b>	<b>\$15.72</b>		<b>\$37.41</b>	<b>\$2.52</b>	<b>\$7.99</b>	<b>\$0.53</b>
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%		\$108.58									

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>10/1/2020</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>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score: <b>44.1%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.6739</b>					<b>1.5138</b>	
					<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.7047</b>					<b>1.5405</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	\$5,691,497	\$3,243,931	\$0	\$613,683	\$206,128	\$279,704	\$1,067,395	\$3,884	\$276,772	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$66,491)	\$0	\$0	\$0	(\$7,368)	(\$11,990)	(\$39,137)		(\$58,352)	\$50,356
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,625,006	\$3,243,931	\$0	\$613,683	\$198,760	\$267,714	\$1,028,258	\$3,884	\$218,420	\$50,356
8	Total Nursing Facility Days	As Filed Days = 40,515										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 38,159										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$138.84	\$80.07	\$0.00	\$15.15	\$11.51	(with L&H)	\$25.38	\$0.10	\$5.39	\$1.24
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<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 = <u>13.37%</u>	Ln 14 x Grwth Allownc %	\$13.11	\$6.79	\$0.00	\$2.03	\$1.54	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$121.79	\$57.59	\$0.00	\$17.18	\$13.05	\$0.00	\$23.31	\$0.10	\$9.32	\$1.24
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End				<b>1.7047</b>						
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.17								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$162.37	\$98.17	\$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 (Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.45	\$2.45								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$1.96	\$1.96								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.67	\$4.94	\$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>\$185.04</b>	<b>\$103.11</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>\$125.96</b>									

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

FINAL

Provider: <b>Winder Nursing, Inc.</b>		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: <b>00142854A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: <b>N/A</b>		<b>27.6%</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.3615</b>		<b>1.3615</b>	<b>1.3617</b>		
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.21</b>		Qtrly BIMS score: <b>1.0%</b>		<b>3.21</b>	<b>3.0%</b>	Quarterly Medicaid CMI: <b>1.5801</b>		<b>1.5801</b>	<b>1.5138</b>		
				Qtrly Mcaid CMI w RUG Wght Options: <b>1.6082</b>						<b>1.6082</b>	<b>1.5405</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	\$7,471,546	\$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 (FRW)	\$0.37	
<b>Quarterly Per Diem Rate Prior to Add-ons</b>													
15	Growth Allowance Percentage =	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		1.6082									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.14									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$171.04	\$100.14	\$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 ((Stand - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem =	Ln 19 Col b x CPS Add-on	\$1.00	\$1.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$3.00	\$3.00									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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	\$193.67	\$104.67	\$0.00	\$17.64	\$19.32	\$0.00	\$37.99	\$2.52	\$11.16	\$0.37	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$132.43										

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

FINAL

Provider: <b>Winthrop Manor 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>00143118A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.3379</b>				<b>1.3617</b>		
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score: <b>27.9%</b>	<b>1.0%</b>	Quarterly Medicaid CMI: <b>1.4508</b>				<b>1.5138</b>		
				3.52	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.4760</b>				<b>1.5405</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	\$5,202,364	\$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 Adjstmts	(\$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	FY12 Audited C/R Days	35,374									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,215	FY 18 GL-PL Ins Rpt Days								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 Case Mix Index for All Residents	from 4 qtrs of FY12		1.3379								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.53								
12	Net Per Diems after Case Mix 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 = 13.37%	Ln 14 x Grwth Allownc %	\$14.93	\$8.09	\$0.00	\$1.98	\$2.47	\$0.00	\$2.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$140.75	\$68.62	\$0.00	\$16.81	\$20.96	\$0.00	\$20.27	\$2.87	\$10.26	\$0.96
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4760								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.28								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$173.41	\$101.28	\$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 (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	\$1.01	\$1.01								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sftng Add-on	\$3.04	\$3.04								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.68	\$4.58	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$196.09	\$105.86	\$0.00	\$17.03	\$21.37	\$0.00	\$37.74	\$2.87	\$10.26	\$0.96
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$134.24									

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

FINAL

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>10/1/2020</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>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive:		Qltry BIMS score: <b>41.9%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.2245</b>					<b>1.5138</b>	
					<b>3.0%</b>	Qltry Mcaid CMI w RUG Wght Options: <b>1.2426</b>					<b>1.5405</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	\$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									
	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.2524</u>								
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 = <u>13.37%</u>	Ln 14 x Grwth Allow %	\$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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.2426</u>								
18	Qltry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.11								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$160.14	\$93.11	\$0.00	\$18.25	\$21.00	\$0.00	\$17.78	\$0.28	\$9.64	\$0.08
<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Std - Act) x .75, 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	\$2.33	\$2.33								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Sflng Add-on	\$2.79	\$2.79								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.75	\$5.65	\$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	\$183.89	\$98.76	\$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	\$125.09									

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

FINAL

Provider: <b>Woodlands 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>00141985A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: <b>N/A</b>		<b>13.37%</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.1917</b>		<b>1.1917</b>	<b>1.3617</b>		
		MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Qtrly BIMS score: <b>34.0%</b>		<b>2.5%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.1025</b>		<b>1.1025</b>	<b>1.5138</b>		
				Nurse Hours per On-Site Day/Quality Incentive: <b>3.22</b>		<b>3.0%</b>	<b>3.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.1193</b>		<b>1.1193</b>	<b>1.5405</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>	(see Policy Manual)		<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	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	\$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								41,847			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$120.74	\$57.62	\$0.00	\$14.12	\$17.04	(with L&H)	\$16.77	\$0.53	\$13.37	\$1.29	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1917									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.35									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$48.35	\$0.00	\$14.12	\$17.04		\$16.77	\$0.53	\$13.37	\$1.29	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$103.25	\$48.35	\$0.00	\$14.12	\$17.04		\$16.77	\$0.53	5.15	\$1.29	
	<b>Quarterly Per Diem Rate Prior to Add-ons</b>										(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		1.1193									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$61.35									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$122.66	\$61.35	\$0.00	\$16.01	\$19.32	\$0.00	\$19.01	\$0.53	\$5.15	\$1.29	
	<b>Quarterly Per Diem Add-on Amounts</b>												
20	Efficiency Add-on Per Diem ((Sind - Alwdj x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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	\$1.53	\$1.53									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.84	\$1.84									
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	\$22.00	\$3.90	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	<b>Quarterly Case Mix Based Per Diem Rate</b>	Ln 19 + Ln 24	\$144.66	\$65.25	\$0.00	\$16.23	\$19.73	\$0.00	\$36.48	\$0.53	\$5.15	\$1.29	
26	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(Ln 25 - Ln 23) * 0.75	\$95.67										
27	<b>Minimum Quarterly Case Mix Based Per Diem Rate</b>		\$147.00										
28	<b>Quarterly Per Diem Rate for Bed Hold and Leave Days</b>	(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>Woodstock Nursing and Rehab Center</b>		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: <b>00171212A</b>		Case Mix Per Diem Rate Effective Date: <b>10/1/2020</b>		Growth Allowance: <b>N/A</b>	<b>13.37%</b>	Base Period Overall CMI: <b>1.5030</b>					<b>1.5030</b>	<b>1.4014</b>
MDS & Nurse Hrs Data per Quarter Ending: <b>06/30/20</b>		Nurse Hours per On-Site Day/Quality Incentive: <b>3.70</b>		Qtrly BIMS score: <b>38.5%</b>	<b>2.5%</b>	Quarterly Medicaid CMI: <b>1.7897</b>					<b>1.7897</b>	<b>1.5138</b>
					<b>2.0%</b>	Qtrly Mcaid CMI w RUG Wght Options: <b>1.8224</b>					<b>1.8224</b>	<b>1.5405</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		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> <i>All Facilities All Bed Sizes</i>	<b>1</b> <i>All Facilities All Bed Sizes</i>	<b>2</b> <i>Free Standing All Bed Sizes</i>	<b>1</b> <i>All Facilities All Bed Sizes</i>	<b>1</b> <i>All Facilities All Bed Sizes</i>	<b>1</b> <i>All Facilities All Bed Sizes</i>			
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
<b>Base Period Per Diem Allowed Amounts</b>												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY 14 C/R - FY 18 GL-PL Rpt	\$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 As Filed Days = 22,894	FY14 Audited C/R Days	22,894									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 44,670	FY 18 GL-PL Ins Rpt Days								44,670		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$197.42	\$106.89	\$0.00	\$15.78	\$17.36	(with L&H)	\$30.75	\$4.54	\$21.28	\$0.82
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		<u>1.5030</u>								
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 = <u>13.4%</u>	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		<u>1.8224</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$146.94								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$226.00	\$146.94	\$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 ((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	\$3.67	\$3.67								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.94	\$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	\$24.87	\$7.14	\$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	\$250.87	\$154.08	\$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	\$175.33									

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	\$4,150,140	\$2,168,346	\$0	\$499,164	\$248,106	\$236,149	\$477,182	\$122,740	\$398,453	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$101,335)	\$0	\$0	\$0	\$0	\$0	(\$100,981)		(\$26,499)	\$26,145
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,048,805	\$2,168,346	\$0	\$499,164	\$248,106	\$236,149	\$376,201	\$122,740	\$371,954	\$26,145
8	Total Nursing Facility Days As Filed Days = 33,384	FY12 Audited C/R Days	33,384									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,758	FY 18 GL-PL Ins Rpt Days								32,758		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$121.35	\$64.95	\$0.00	\$14.95	\$14.51	(with L&H)	\$11.27	\$3.75	\$11.14	\$0.78
10	Base Period Facility 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 Grwth Allwnc %	\$12.57	\$7.12	\$0.00	\$2.00	\$1.94	\$0.00	\$1.51	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$121.07	\$60.35	\$0.00	\$16.95	\$16.45	\$0.00	\$12.78	\$3.75	\$10.01	\$0.78
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7078								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.07								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$163.79	\$103.07	\$0.00	\$16.95	\$16.45	\$0.00	\$12.78	\$3.75	\$10.01	\$0.78
	<b>Quarterly Per Diem Add-on Amounts</b>											
20	Efficiency Add-on Per Diem ((SInd - Ahd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.58	\$2.58								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.09	\$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	\$24.30	\$6.20	\$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	\$188.09	\$109.27	\$0.00	\$17.17	\$16.86	\$0.00	\$30.25	\$3.75	\$10.01	\$0.78
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$128.24									

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: Wynfield Park Health &amp; Rehab</b> <b>Prvdr ID: 00141512A</b> <b>H/B ? : No</b>													
<b>Case Mix Per Diem Rate Effective Date: 10/01/20</b> <b>MDS &amp; Nurse Hrs Data per Quarter Ending: 06/30/20</b>			<b>Facility Score: N/A</b> <b>BIMS: 31.4%</b> <b>Nurse Hours per On-Site Day/Quality Incentive: 3.81</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: 1.2181</b> <b>Quarterly Medicaid CMI: 1.4149</b> <b>Qtrly Mcaid CMI w RUG Wght Options: 1.4367</b>			<b>Facility Specific: 1.2181</b> <b>1.4149</b> <b>1.4367</b>	<b>State-wide: 1.3617</b> <b>1.5138</b> <b>1.5405</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>													
				1	1	2	1	1	1				
				All Facilities All Bed Sizes	All Facilities All Bed Sizes	Freestanding All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes				
				90.0%	90.0%	90.0%	85.0%		50.0%				
				100.0%	100.0%	100.0%	100.0%		105.0%				
				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
<b>Per Diem Costs and Add-ons</b>													
GL-PL- Insurance Costs													
										\$ 176,326			
Total Nursing Facility Days GL-PL Ins. Rpt										63,305			
Standard Per Diem (After CMA for Routine Svcs)											\$25.63	\$1.23	
<u>Allowed @ 95% of Std</u>											\$25.63	\$1.23	
Growth Allowance 13.4%													
CMA Allowed Per Diem (After Growth Allowance)											\$25.63	\$1.23	
Quarterly Facility Case Mix Index for Medicaid Residents													
Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem											(FRV Rate)		
Quarterly Medicaid CMA Allowed Per Diem											\$25.63	\$1.23	
Quarterly Per Diem Add-On Amounts													
BIMS Add-on Per Diem = 2.5% of Routine Svcs)													
Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%													
Nursing Home Provider Fee											17.10		
<b>Total Quarterly Per Diem Add-On Amounts</b>													
			\$229.22	\$115.62		\$19.83	\$24.87		\$39.24	\$2.79	\$25.63	\$1.23	
<b>Quarterly Case Mix Based Per Diem Rate</b>													
<b>Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%</b>		\$159.09											

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: 10/01/20</b> <b>MDS &amp; Nurse Hrs Data per Quarter Ending: 06/30/20</b>			<b>Add-on Data and Percentages</b> <b>Growth Allowance: N/A</b> <b>BIMS: 26.5%</b> <b>Nurse Hours per On-Site Day/Quality Incentive: 3.47</b>			<b>Facility Score</b> <b>Add-on Percent</b> <b>N/A</b> <b>13.37%</b> <b>1.0%</b> <b>3.0%</b>			<b>Case Mix Index (CMI) Data</b> <b>Base Period Overall CMI: 1.3199</b> <b>Quarterly Medicaid CMI: 1.3419</b> <b>Qtrly Mcaid CMI w RUG Wght Options: 1.5405</b>			<b>Facility Specific</b> <b>State-wide</b> <b>Use Stwd</b> <b>1.3617</b> <b>1.5138</b> <b>1.5405</b>	
<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>			<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>				
	<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								\$ 63,806			
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								21,332			
	Standard Per Diem (After CMA for Routine Svcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$36.35	\$5.28	
	<u>Allowed @ 95% of Std</u>		\$168.52	\$67.93		\$17.49	\$21.94		\$19.53		\$36.35	\$5.28	
	Growth Allowance 13.4%		\$16.97	\$9.08		\$2.34	\$2.93		\$2.61				
	CMA Allowed Per Diem (After Growth Allowance)		\$188.48	\$77.01		\$19.83	\$24.87		\$22.14	\$ 2.99	\$36.35	\$5.28	
	Quarterly Facility Case Mix Index for Medicaid Residents			1.3419							(FRV Rate)		
	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$103.34									
	Quarterly Medicaid CMA Allowed Per Diem		\$214.81	\$103.34		\$19.83	\$24.87		\$22.14	\$2.99	\$36.35	\$5.28	
	<b>Quarterly Per Diem Add-On Amounts</b>												
	BIMS Add-on Per Diem = 1.0% of Routine Svcs)		\$1.03	\$1.03									
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$3.10	\$3.10									
	Nursing Home Provider Fee		\$17.10						17.10				
	<b>Total Quarterly Per Diem Add-On Amounts</b>		\$21.23										
	<b>Quarterly Case Mix Based Per Diem Rate</b>		\$236.04	\$107.48		\$19.83	\$24.87		\$39.24	\$2.99	\$36.35	\$5.28	
	<b>Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%</b>	\$164.20											