				Leave/BH
Don Maria		Rate	Rate	Rate
Provider	Provider Name	Effective	Effective	Effective
Number		10/01/2020	10/01/2020	10/01/2020
		Loc (S)	LOC (M)	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

				Leave/BH
Provider		Rate	Rate	Rate
Number	Provider Name	Effective	Effective	Effective
Nullibei		10/01/2020	10/01/2020	10/01/2020
		Loc (S)	LOC (M)	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			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 & Rehabilition 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

00207083A Florence Hand Home 218.18 150.81 00141006A Folkston Park Care and Rehab 157.74 105.48 00140599A Fort Gaines Healthcare, LLC 185.18 126.66 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 00141171A Glibon Health & Rehabilitation Center 185.27 126.13 003214231A Glen Eagle Healthcare & Rehab 213.85 147.56 001411149A Glenn-Mor Nursing Home 193.30 132.15 00141119A Glenn-Mor Nursing Home 193.30 132.15 00141119A Glennood Health and Rehab Center 167.81 113.03 00141192A Glen Gene Querter 172.02 116.19 00144975A Gold City Health and Rehabilitation Ctr					Leave/BH
Number	D. Cale		Rate	Rate	Rate
10.01/2/2021 10.0		Provider Name	Effective	Effective	Effective
00140984A Fifth Avenue Health Care 205.55 141.34 00207083A Florence Hand Home 218.18 150.81 0014006A 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 001405292A 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 00141171A Glen Eagle Healthcare & Rehab 213.85 147.56 00141171A Glenwo Nursing Home 193.30 132.15 00141171A Glenwo Nursing Home 238.64 166.16 00220548A Gold City Health Care 167.81 113.03 70156274AA Glenwood Health Care 172.02	Number		10/01/2020	10/01/2020	10/01/2020
00207083A Florence Hand Home 218.18 150.81 00141006A Folkston Park Care and Rehab 157.74 105.48 00140599A Fort Gaines Healthcare, LLC 185.18 126.66 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 00141171A Glibon Health & Rehabilitation Center 185.27 126.13 003214231A Glen Eagle Healthcare & Rehab 213.85 147.56 001411149A Glenn-Mor Nursing Home 193.30 132.15 00141119A Glenn-Mor Nursing Home 193.30 132.15 00141119A Glennood Health and Rehab Center 167.81 113.03 00141192A Glen Gene Querter 172.02 116.19 00144975A Gold City Health and Rehabilitation Ctr			Loc (S)	LOC (M)	LOC (L)
00141006A Folkston Park Care and Rehab 157.74 105.48 00140599A Fort Gaines Healthcare, LLC 185.18 126.06 00405292A 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 001410786A Gateway Health and Rehab Center 205.32 141.17 00140786A Gateway Health and Rehab Center 198.58 136.11 001411116A Glisson Health & Rehabilitation Center 185.27 126.13 003214231A Glen Eagle Healthcare & Rehab 213.85 147.56 00141171A Glenn-Mor Nursing Home 193.30 132.15 00141171A Glenwe Nursing Home 238.64 166.16 001220514A Glenwood Health and Rehab Center 167.81 113.03 701562744A Glenwood Health and Rehabilitation Ctr 154.29 100.22 00142975A Gold City Health and Rehabilitation Ctr 154.29 102.29 00142975A Gold	00140984A	Fifth Avenue Health Care	205.55		141.34
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 00140768A Gateway Health and Rehab Center 198.58 136.11 10141116A Gibson Health & Rehabilitation Center 185.27 126.13 003214231A Glen Eagle Healthcare & Rehab 213.85 147.56 00141119A Glenn-Mor Nursing Home 193.30 132.15 00141117A Glenwood Health and Rehab Center 167.81 113.03 00152975A Gold City Health and Rehabilitation Ctr 154.29 102.29 00142975A Gold City Health and Rehabilitation Ctr 154.29 102.89 0002284BA Gordon Health Care Center 188.58 128.61 00141296A Grace Health Care Center 188.58 128.57 00141182A Grac	00207083A	Florence Hand Home	218.18		150.81
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 80141567A 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 00141171A Glenwood Wursing Home 193.30 132.15 00141171A Glenwood Health and Rehab Center 167.81 113.03 701562744A Glenwood Health Care Center 172.02 116.19 00142975A Gold City Health and Rehabilitation Ctr 154.29 102.89 0020284BA Gordon Health Care Center 188.58 128.61 00142975A Grace Health Care Center 188.52 128.57 0014128A Grace Health Care Center 191.97 131.15 0014128A Grace Health Care Cen	00141006A	Folkston Park Care and Rehab	157.74		105.48
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 00141171A Glenn-Mor Nursing Home 193.30 132.15 00141171A Glenwood Health and Rehab Center 167.81 113.03 701552744A Glenwood Health and Rehab Center 172.02 116.19 00142975A Gold City Health and Rehabilitation Ctr 154.29 102.89 00202848A Gordon Health Care Center 188.58 128.57 0014128A Grace Health Care Center 188.52 128.57 0014122BA Grace Health Care Center 191.97 131.15 0014122BA Grace Health Care Center 210.04 144.71 00142634A Green Acres He	00140599A	Fort Gaines Healthcare, LLC	185.18		126.06
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 100141116A Gibson Health & Rehabilitation Center 185.27 126.13 003214231A Glen Eagle Healthcare & Rehab 213.85 147.56 00141171A Glenwond Wursing Home 193.30 132.15 00141171A Glenwood Health Core 167.81 113.03 701562744A Glenwood Health and Rehab Center 167.81 113.03 701562744A Glenwood Health Care Center 172.02 116.19 00142975A Gold City Health and Rehabilitation Ctr 154.29 102.89 00202848A Gordon Health Care Center 188.58 128.61 00141182A Grace Health Care Center 188.58 128.57 00141182A Grace Health Care Center 191.97 131.15 00141286A Grandview Health Sender 191.97 131.15 00142863A Greno Acres Health & Rehab </td <td>00141028A</td> <td>Fort Valley Nursing Ctr.</td> <td>160.56</td> <td></td> <td>107.60</td>	00141028A	Fort Valley Nursing Ctr.	160.56		107.60
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 Glenwood Health and Rehab Center 167.81 113.03 701562744A Glenwood Health and Rehab Center 167.81 113.03 701562744A Glenwood Health and Rehabilitation Ctr 154.29 102.89 00202848A Gold City Health and Rehabilitation Ctr 154.29 102.89 00202848A Gordon Health Care Center 188.58 128.61 0014122A Grace Health Care Center 188.52 128.57 0014122BA Grace Health Care Center 191.97 131.15 0014122BA Grace Health Care Center 210.04 144.71 0014226AA Greene Point Health Care Center 210.04 144.71 0014263AA Gree	00405292A	Four County Health Care Center	162.54		109.08
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 Glenwood Health and Rehab Center 167.81 113.03 00141171A Glenwood Health and Rehab Center 167.81 113.03 00142975A Glod City Health and Rehab Center 172.02 116.19 00142975A Gold City Health and Rehabilitation Ctr 154.29 102.89 0020284BA Gordon Health Care Center 188.58 128.61 000803267A Grace Health Care of Tucker 188.52 128.57 00141126A Grandview Health Care Center 191.97 131.15 0014126A Grandview Health & Rehab 179.19 121.57 00142634A Green Point Healthcare 206.94 142.38 00781382A Gwinnett Extended Care Center 254.86 178.32 00141292A Haralson Nursing	00143074A	Fox Glove Court Care and Rehab	181.87		123.58
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 Glennwo Nursing Home 238.64 166.16 00220514A Glenwood Health and Rehab Center 167.81 113.03 701562744A Glenwood Health Care Center 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 Center 188.52 128.57 00141226A Grandview Health Care Center 191.97 131.15 00141226A Grandview Health Senbab 179.19 121.57 001422634A Green Acres Health & Rehab 179.19 121.57 001422634A Green Point Healthcare 206.94 142.38 00781382A Gwinnett Extended Care Center 254.86 178.32 00141292A Habersham Home 212.78 <td>00141567A</td> <td>Friendship Health and Rehab Center</td> <td>205.32</td> <td></td> <td>141.17</td>	00141567A	Friendship Health and Rehab Center	205.32		141.17
003214231A Glen Eagle Healthcare & Rehab 213.85 147.56 001411149A 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 00141126A Grandview Health Care Center 210.04 144.71 00083014A Greene Point Healthcare 206.94 142.38 00781382A Gwinnett Extended Care Center 254.86 178.32 00141292A Habersham Home 212.78 146.76 00142477A Harborview Health Systems - Satilla 242.42 168.99 00140621A Harborview Health Systems - Thomaston 187.	00140786A	Gateway Health and Rehab Center	198.58		136.11
00141149A Glenn-Mor Nursing Home 193.30 132.15 001411171A Glenvue Nursing Home 238.64 166.16 00220514A Glenwood Health and Rehab Center 167.81 113.03 701562744A Glenwood Health and Rehabilitation Ctr 154.29 102.89 00202848A Gordon Health Care Center 188.58 128.61 00083267A Grace Health Care Center 188.52 128.57 00141182A Gracemore Nursing Center 191.97 131.15 0014126A Grandview Health Care Center 210.04 144.71 000832014A Green Acres Health & Rehab 179.19 121.57 00142634A Green Point Healthcare 206.94 142.38 00781382A Gwinnett Extended Care Center 254.86 178.32 00141292A Habersham Home 212.78 146.76 001424755A Haralson Nursing and Rehab Center 181.58 123.36 00142755A Harborview Health Systems - Fierce 245.13 171.02 00142755A Harborview Health Systems of Jesup 16	00141116A	Gibson Health & Rehabilitation Center	185.27		126.13
00141149A Glenn-Mor Nursing Home 193.30 132.15 001411171A Glenvue Nursing Home 238.64 166.16 00220514A Glenwood Health and Rehab Center 167.81 113.03 701562744A Glenwood Health and Rehabilitation Ctr 154.29 102.89 00202848A Gordon Health Care Center 188.58 128.61 00083267A Grace Health Care Center 188.52 128.57 00141182A Gracemore Nursing Center 191.97 131.15 0014126A Grandview Health Care Center 210.04 144.71 000832014A Green Acres Health & Rehab 179.19 121.57 00142634A Green Point Healthcare 206.94 142.38 00781382A Gwinnett Extended Care Center 254.86 178.32 00141292A Habersham Home 212.78 146.76 001424755A Haralson Nursing and Rehab Center 181.58 123.36 00142755A Harborview Health Systems - Fierce 245.13 171.02 00142755A Harborview Health Systems of Jesup 16	003214231A	Glen Eagle Healthcare & Rehab	213.85		147.56
00141171A Glenvue Nursing Home 238.64 166.16 00220514A Glenwood Health and Rehab Center 167.81 113.03 701562744A Glenwood Health and Rehabilitation Ctr 154.29 116.19 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 001411826 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 00141292A Harborview Health Systems - Pierce 245.13 171.02 00142447A Harborview Health Systems - Satilla 242.42 168.99 00140621A Harborview Health Systems of Jesu	00141149A		193.30		132.15
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 0014126A 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 00141235A Haralson Nursing and Rehab Center 181.58 123.36 00142447A Harborview Health Systems - Pierce 245.13 171.02 00142275A Harborview Health Systems of Jesup 164.56 110.60 00140621A Harborview Health Systems of Jesup	00141171A	•	238.64		166.16
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 Grace Health Care of Tucker 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 00141292A Harlson Nursing and Rehab Center 181.58 123.36 00141294A Harborview Health Systems - Pierce 245.13 171.02 00142447A Harborview Health Systems - Satilla 242.42 168.99 00140621A Harborview Health Systems - Thomaston 187.06 127.47 001476111A Hardorview Health Systems of Jesup 164.56 1110.60 00167857A Hart Care Center	00220514A		167.81		113.03
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 Grace Health Care of Tucker 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 00141292A Harlson Nursing and Rehab Center 181.58 123.36 00141294A Harborview Health Systems - Pierce 245.13 171.02 00142447A Harborview Health Systems - Satilla 242.42 168.99 00140621A Harborview Health Systems - Thomaston 187.06 127.47 001476111A Hardorview Health Systems of Jesup 164.56 1110.60 00167857A Hart Care Center	701562744A	Glenwood Healthcare	172.02		116.19
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 0014247A Harborview Health Systems - Pierce 245.13 171.02 0014275A 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	00142975A	Gold City Health and Rehabilitation Ctr	154.29		102.89
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 Green 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 03165726A Harrington Park 225.74 156.48 00167857A Hart Care Center 173.26 117.12 00141133A Heart of Georgia 244.72	00202848A				
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UUUU TUUUN TUUTUU NUTUU	00531033A	Jonesboro Nurs. & Rehab Ctr.	185.20		126.08

		Rate	Rate	Leave/BH Rate
Provider	Provider Name	Effective	Effective	Effective
Number	i Tovidei Name	10/01/2020	10/01/2020	10/01/2020
		Loc (S)	LOC (M)	LOC (L)
00143426A	Kentwood	246.39	LOO (IVI)	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

				Leave/BH
Б		Rate	Rate	Rate
Provider	Provider Name	Effective	Effective	Effective
Number		10/01/2020	10/01/2020	10/01/2020
		Loc (S)	LOC (M)	LOC (L)
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

				Leave/BH
		Rate	Rate	Rate
Provider	Provider Name	Effective	Effective	Effective
Number		10/01/2020	10/01/2020	10/01/2020
		Loc (S)	LOC (M)	LOC (L)
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 - Toomsboro, 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
00143030A	PruittHealth- Sylvester	172.18		116.31
00143200A	PruittHealth -Toccoa, LLC	180.56		122.60
00140038A	PruittHealth-Greenville	194.50		133.05
00370851A	Quiet Oaks Health Care Center	180.67		122.68
00370031A 00150279A	Quinton Memorial Health Care	220.90		152.85
00837207A	Regency Park Health Care	223.30		154.65
00037207A 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
55551751A	r todolario i toditti aria i toriab Ociitoi	200.20		100.07

				Leave/BH
Provider		Rate	Rate	Rate
Number	Provider Name	Effective	Effective	Effective
Number		10/01/2020	10/01/2020	10/01/2020
		Loc (S)	LOC (M)	LOC (L)
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 CtrBrunswick	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
00140101A	The Place at Deans Bridge	192.94		131.88
00141505A	The Place at Martinez	199.35		136.69
00142733A	The Retreat Nursing Home	202.92		139.37
00142733A 00277604A	Thomasville Nurs. & Rehab. Ctr.	171.12		115.52
00277604A 00143261A	Thomson Health & Rehab			
		187.93		128.12
00143294A	Tifton Health and Rehab Center	184.14		125.28

Provider	Provider Name	Rate Effective	Rate Effective	Leave/BH Rate Effective
Number		10/01/2020	10/01/2020	10/01/2020
		Loc (S)	LOC (M)	LOC (L)
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

Provider: Prvdr ID:	A.G. Rhodes Home 00493292A	e - Cobb, Inc. Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020 06/30/20	Add-on Data and Percentages Growth Allowand Qtrly BIMS soo Nurse Hours per On-Site Day/Quality Incentin	re 29.6%	Add-on <u>Percent</u> 13.37% 1.0% 3,0%	Case Mix Index (CMf) Data Base Period Overall CMI; Quarterly Medicaid CMI; Qrtrly Mcaid CMI w RUG Wght Options;	Facility <u>Specific</u> 1.4016 1.6581 1.6898	State- wide 1.3617 1.5138 1.5405	
Line #	Description			rices / Totals Routine Services	Special Services	Dietary	I Decains and Linecains	A&G- GL-PL Property and Related	Taxes and Insurance	

Line #			Totats	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 a	igilişeliki b ilişeleri	С	d	Agailt e gadas	f	g	g	h h	2000 (1975)
<u>C</u>	ASE MIX BASED RATE CALCULATIONS							***************************************				
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0% 100.0%	85,0% 100,0%		50.0% 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 Srycs 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	so
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	1	\$1,550,927	\$117,033	\$388,496	\$14,078
8	Total Nursing Facility Days As Filed Days = 45,950	FY12 Audited C/R Days	45,950							,	. ,	
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,825	FY 18 GL-PL Ins Rpt Days	-							24,825		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	La 9/Ln 10		\$76.55								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$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	\$0,31
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$17.86	\$9,56	\$0.00	\$2,46	\$3.09	\$0,00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$171.96	\$81.07	\$0.00	\$20.87	\$26.18	\$0.00	\$23.31	\$4.71	\$15.51	\$0.31
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6898		,	•====	•		• "" (,,,,,	75.0
18	Orlrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	ļ	\$136,99								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOlhr = Ln 16	\$227.88	\$136.99	\$0.00	\$20.87	\$26.18	\$0.00	\$23.31	\$4.71	\$15.51	\$0,31
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	En 19 Col b x CPS Add-on	\$1.37	\$1.37								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng 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					•	•			

1	ovider: A.G. Rhodes Home at Wesley Woods, Inc.		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index ((CMI) Data	-	Facility Specific	State- wide
Pr	ydr ID: 00040818A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	te; 10/1/2020 Qtrty BIMS score 5		57.7%	13.37% 5,5% 3,0%	Qrtrly Mcaid		d Overall CMI: Medicaid CMI: Wght Options:		1,4319 1,9699 2,0095	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. C.	đ	19111111 6 79 614 .	7579 1 5.00	g	tile g entit	.1.4.1.178 h 34.46559	las Vas i sep
<u>C/</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90,0% 100,0% \$0,53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100,0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$10,715,572	\$5,648,350	SO.	\$886,922	\$693,869	\$711,087	\$2,309,540	so	\$465,804	so
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				,	•			•,	* , - ,
	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 Srvcs	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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.12								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0,00	\$18,41	\$23.09		\$20.56	\$0,00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of En 12 or En 13	\$149.05	\$71.51	\$0.00	\$16.71	\$23,09		\$20.56	\$0.00	16.92	\$0.26
.	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$17.63	\$9.56	\$0.00	\$2.23	\$3.09	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$166,68	\$81.07	\$0.00	\$18.94	\$26.18	\$0.00	\$23,31	\$0,00	\$16.92	\$0.26
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		2.0095					1 /= .		/	
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$162.91								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$248.52	\$162,91	\$0.00	\$18.94	\$26.18	\$0.00	\$23.31	\$0.00	\$16.92	\$0,26
	Quarterly Per Diem Add-on Amounts											
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 = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$8.96	\$8.96		,	13.00	45.00	12.55		43,00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting 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	Quarterly Case Mix Based Per Diem Rate	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					I .		·		

Provider,	A.G. Rhodes Home, Inc.		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State- wide
Prvdr ID;	00140005A	40444000	Growth Allowance:	N/A	13,37%	Base Period Overall CMI;	1.3781	1.3617
	Case Mix Per Diem Rate Effective Date;	10/1/2020	Qtrly BIMS score	44.9%	2.5%	Quarterly Medicaid CMI:	1,5846	1.5138
	MDS & Nurse Hrs Data per Quarter Ending:	06/30/20	Nurse Hours per On-Site Day/Quality Incentive:	4.33	3.0%	Ortrly Meaid CMI w RUG Wight Options:	1,6151	1.5405

Line		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	C	d	ė	parter for any	g	ğ	here is	i (1
9	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts	As Filed FY12 C/R -FY 2018 GL-PL Rot	** *** ***	AF 805 607	•	*****	.					
6 7	As Filed Cost Center Costs (Routine & Special Srvcs Combined) Audit Adjustments and Reallocations to Cost Center Costs Cost Center Costs After Audit Adjustments	FY12 C/R Audit Adjstmts FY12 Audited C/R	\$9,365,897 (\$319,525) \$9,046,372	\$5,035,907 (\$199,152) \$4,836,755	\$0 \$0 \$0	\$990,199 (\$2,647) \$987,552	\$597,278 \$12,487 \$609,765	\$675,204 (\$3,293) \$671,911	(\$125,005)	\$0 \$0	\$325,398 (\$15,506) \$309,892	\$0 \$13,591 \$13,591
8	Total Nursing Facility Days As Filed Days = 47,821 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 47,335	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	47,833							47,335		
9 10	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Base Period Facility Case Mix Index for All Residents	Ln 7 / Ln 8 Col a from 4 qtrs of FY12 Ln 9 / Ln 10	\$189.12	\$101.12 1.3781	\$0,00	\$20.65	\$26.79	(with L&H)	\$33.80	\$0.00	\$6.48	\$0.28
11 12	, (===,================================	RS = Ln 11, AllOthr = Ln 9		\$73.38 \$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 Srycs)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$23.09		\$20.56	\$0.00	N/A	\$0.20
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	\$0.28
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$17,86	\$9,56	\$0.00	\$2.46	\$3,09	\$0,00	\$2.75	N/A	N/A	N/A
16 17 18	CMA Allowed Per Diem (After Growth Allowance Add-on) Quarterly Facility Case Mix Index for Medicaid Residents Qutry Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 14 + Ln 15 per Current Qtr End Ln 16 x Ln 17	\$168.54	\$81.07 <u>1.6151</u> \$130.94	\$0,00	\$20.87	\$26.18	\$0.00	\$23,31	\$0.00	\$16.83	\$0.28
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
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0,00	\$0.00	\$0.00	\$0,00	\$0,00	\$0,00		\$0.00	
21	BIMS Add-on Per Diem ≈ 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.27	\$3,27								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting 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	\$0.0
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									

	Provider: Abercorn Rehabilitation Center Prvdr ID: 00083025A Case Mix Per Diem Rate Effective Date MDS & Nurse Hrs Data per Quarter Ending	: 10/1/2020		owth Allowance: http://discore		Add-on Percent 13.37% 2.5% 2.0%			d Overall CMI; Medicald CMI;		Facility <u>Specific</u> 1.5995 1.5869 1.6151	State- wide 1.3617 1.5138 1.5405
Line #		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
C	CASE MIX BASED RATE CALCULATIONS	Table 1: The Admitted Street and the entropies in 10	a	megas banaja	Company Company	d	gyerg fyter e de getaetg	9,840 .1 4466.	je g	g	estigari h i, _{est} erik	meticinate
1		(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	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 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
5 6 7	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs Combined) Audit Adjustments and Reallocations to Cost Center Costs Cost Center Costs After Audit Adjustments	As Filed FY12 C/R -FY 2018 GL-PL Rpt FY12 C/R Audit Adjstmts FY12 Audited C/R	\$5,595,788 (\$396,995) \$5,198,793	\$2,904,219 (\$13,441) \$2,890,778	\$0 \$0 \$0	\$532,761 (\$592) \$532,169	\$179,542 \$4,040 \$183,582	\$310,536 \$5,215 \$315,751	\$1,410,205 (\$395,753) \$1,014,452	\$101,378 \$101,378	\$157,147 (\$63,055) \$94,092	\$0 \$66,591 \$66,591
9 10	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days ≈ 30,185 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Base Period Facility <u>Case Mix Index</u> for All Residents	FY12 Audited C/R Days FY 18 GL-PL ins Rpt Days Ln 7 / Ln 8 Col a from 4 que of FY12	32,214 \$161.60	\$89,74 1,5995	\$0.00	\$16.52	\$15,50	(with L&H)	\$31.49	30,185 \$3,36	\$2.92	\$2.07
11 12 13 14	Net Per Diems after Case Mix Adjstmt to Routine Srvcs Per Diem Standards (After Statewide CMA for Routine Srvcs)	Ln 9 / Ln 10 RS = Ln 11, AllOthr = Ln 9 per Peer Group Limits Lesser of Ln 12 or Ln 13	\$123.82	\$56.11 \$56.11 \$71,51 \$56.11	\$0.00 \$0.00 \$0.00	\$16.52 \$18.41 \$16.52	\$15.50 \$23.09 \$15.50		\$31.49 \$20.56 \$20.56	\$3.36 \$0,00 \$3.36	\$2.92 N/A 9.70	\$2.07 \$2.07
15 16 17 18	CMA Allowed Per Diem (After Growth Allowance Add-on) Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	Ln 14 x Grwth Allwric % Ln 14 + Ln 15 per Current Qtr End Ln 16 x Ln 17	\$14.53 \$138.35	\$7.50 \$63.61 <u>1.6151</u> \$102.74	\$0.00 \$0.00	\$2.21 \$18.73	\$2.07 \$17.57	\$0.00 \$0.00	\$2,75 \$23.31	N/A \$3.36	(FRV) N/A \$9.70	N/A \$2.07
19		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
20 21 22 23	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) BIMS Add-on Per Diem = 2.5% (to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvs) Nursing Home Provider Fee	(see Policy Manual) Ln 19 Col b x CPS Add-on Ln 19 Col b x Sting Add-on (Fixed Amount)	\$1.16 \$2.57 \$2.05 \$17.10	\$0.53 \$2.57 \$2.05	\$0.00	\$0.22	\$0,41	\$0.00	\$0.00 \$17.10		\$0,00	
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		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									

Provider: Advanced Health and Rehab of Twiggs County Prvdr ID: 003185378A H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/01/20 06/30/20 Nur		Data and Percentages Growth Allowance: BIMS: te Day/Quality Incentive:	Facility Score N/A 30.4% 3,50	Add-on Percent 13.37% 2.5% 3.0%	***************************************	Quarter caid CMI w RU	(CMI) Data riod Overall CMI: ly Medicaid CMI: G 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 b	Special Services c	Dietary	Laundry & Houskpng e	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
CASE MIX BASED RATE CALCULATIONS	paga an wasan ka in ka in a si ka in Ma.	1	Property and the Property of the Control of the Con		programme and the second	1	programme and the second	<u> </u>	Landyrovitie (. 11	1
Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier			1 All Facilities All Bed Sizes 90.0% 100.0%	1 All Facilities All Bed Sizes 90.0% 100.0%	2 Freestanding All Bed Sizes 90.0% 100.0%	85.0% 100.0%	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50,0% 105,0%			
Efficiency Measures (Maximums) Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	\$ 54,437		
Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 95% of Std Growth Allowance 13.4% CMA Allowed Per Diem (After Growth Alowance)	FY 2012 Peer Group Limit	\$142.60 \$16.97 \$161.63	\$71.51 \$67.93 \$9.08 \$77.01		\$18.41 \$17.49 \$2.34 \$19.83	\$23.09 \$21.94 \$2.93 \$24.87		\$20.56 \$19.53 \$2.61 \$22.14	26,482 \$ 2.06	\$15,71 \$15,71 \$15,71	
Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem			1.6383 \$126.17		******	4-			2.55	(FRV Rate)	40.00
Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts		\$210.78	\$126.17		\$19.83	\$24.87		\$22.14	\$2.06	\$15.71	\$0.00
BIMS Add-on Per Diem = 2.5% to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% Nursing Home Provider Fee		\$3.15 \$3.79 \$17.10	\$3.15 \$3.79					17.10			
Total Quarterly Per Diem Add-On Amounts		\$24.04									
Quarterly Case Mix Based Per Diem Rate		\$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 - Pydr Fee) x 75%	\$163.29	1	<u> </u>	•		L		1	<u> </u>		

1	rovider. Altamaha Healthcare Ctr.		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (0			Facility Specific	State- wide
F	rvdr ID: 00140027A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020 06/30/20 Nurse Hours p		owth Allowance: htdy BIMS score hality Incentive:	13,0%	13.37% 0.0% 2.0%	Ortrly Meale	Quarterly	d Overall CMI: Medicaid CMI: Wight Options:		1,4937 1,5168 1,5422	1.3617 1.5138 1.5405
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatris & Maint	Admin and General	A&G- GL-PL Insurance	Properly and Related	Taxes and Insurance
			а	:b:	С	d	е	f	g	g	harana	29770 1 2.45
(ASE MIX BASED RATE CALCULATIONS											
-	Cost Center Peer Groups	(see Policy Manual)			1	2	1	1	1			
'	Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	7 All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 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 Sives 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 Adjstmts	\$36,104	\$0	\$0	\$0	\$0	\$0	\$4,855		\$4,790	\$26,459
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,532,257	\$1,307,867	\$0	\$260,953	\$160,233	\$150,961	\$447,682	\$12,964	\$165,138	\$26,459
8	Total Nursing Facility Days As Filed Days = 22,023	FY12 Audited C/R Days	22,023									
	Total Nursing Facility Days GL-PL Ins, Rpt As Fited Days = 20,546	FY 18 GL-PL Ins Rpt Days								20,546		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Cof 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		<u>1.4937</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$39.76								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0,00	\$18,41	\$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	\$1,20
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwing %	\$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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.5422</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	i.n 16 x Ln 17		\$69.52								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$131.19	\$69.52	\$0.00	\$13.43	\$16.02	\$0,00	\$23.05	\$0.63	\$7.34	\$1.20
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.33	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.17		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-ол	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Sifng 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						•	•		

1	rovider: Amara Healthcare & Rehab. rvdr ID: 00140049A Case Mix Per Diem Rate Effective Date:	10/1/2020	C	owth Allowance; htrly BIMS score	22.9%	Add-on <u>Percent</u> 13.37% 1.0%		Quarterly	d Overall CMI; Medicaid CMI;		Facility Specific 1.1730 1.5141	State- wide 1.3617 1.5138
	MDS & Nurse Hrs Data per Quarter Ending:	06/30/20 Nurse Hours p	er On-Site Day/C	tuality Incentive:	3.89	3.0%	Ortrly Moaid	CMI w RUG	Wght Options:		1,5407	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 .	1 1121 b 13 11221	С	o d	erresenti en austrili	illa ga f agale	g g	g	e distribution	i i
2	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90,0% 100,0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$62,046)	\$57,914	\$0	\$0	\$3,067	\$4,746	(\$135,914)		(\$6,933)	\$15,074
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,785,008	\$2,203,010	\$0	\$445,961	\$206,987	\$320,272	\$932,371	\$111,711	\$549,622	\$15,074
8	Total Nursing Facility Days As Filed Days = 37,101	FY12 Audited C/R Days	37,101									
	Total Nursing Facility Days GtPL Ins. Rpt As Filed Days = 35,067	FY 18 GL-PL Ins Rpt Days								35,067		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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		<u>1.1730</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50,62								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$50.62	\$0.00	\$12.02	\$14.21		\$25.13	\$3.19	\$14,81	\$0.41
13 14	Per Diem Standards (After Statewide CMA for Routine Stress)	per Peer Group Limits Lesser of Ln 12 or Ln 13	2444.07	\$71.51	\$0.00	\$18.41	\$23.09		\$20,56	\$0.00	N/A	
124	Base Period Case Mix Adjusted Allowed Per Diem Quarterly Per Diem Rate Prior to Add-ons	Lesser of Ln 12 of Ln 13	\$111,67	\$50.62	\$0.00	\$12.02	\$14.21		\$20.56	\$3.19	10,66 (FRV)	\$0.41
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$13,03	\$6,77	\$0.00	\$1.61	\$1.90	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$124.70	\$57.39	\$0.00	\$13,63	\$16.11	\$0.00	\$23,31	\$3.19	\$10.66	\$0,41
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.5407</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.42								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AilOthr = Ln 16	\$155,73	\$88.42	\$0.00	\$13,63	\$16.11	\$0.00	\$23,31	\$3,19	\$10.66	\$0.41
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1,16	\$0.53	\$0.00	\$0,22	\$0.41	\$0.00	\$0,00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	En 19 Col b x CPS Add-on	\$0,88	\$0.88	45.00		43.41	45.00	\$5,00		\$5.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting 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									

	ovider: Anderson Mill Health & Rehab	_	Add-on Data and		Facility Score	Add-on Percent	Ca	se Mix Index (0		-	Facility Specific	State- wide
Pr	vdr ID: 00140379A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020 06/30/20 Nurse Hours (owth Allowance: Qtrly BIMS score Quality Incentive;	27.8%	13.37% 1.0% 2.0%	Qrlrly Mcaid		d Overall CMI Medicaid CMI Wght Options		1.4753 1.6100 1.6380	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	gering Drynger	C	d d	е	er form	g	g	h e	accentions
C.	ASE MIX BASED RATE CALCULATIONS						4					
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 Peer Group Standards: Perceniile	(see Policy Manual)		90,0%	90.0%	90.0%	85.0%					
3 4	Peer Group Standards: Multiplier Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,774,777	\$3,926,935	\$0	\$671,818	\$392,185	\$383,064	\$1,742,505	\$411,887	\$1,246,383	so
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$338,220)	\$0	\$0	\$0	\$0	\$0	(\$338,220)		(\$56,913)	\$56,913
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,436,557	\$3,926,935	\$0	\$671,818	\$392,185	\$383,064	\$1,404,285	\$411,887	\$1,189,470	\$56,91
8	Total Nursing Facility Days As Filed Days = 50,357	FY12 Audited C/R Days	50,357									
	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 Srvcs	Ln 7 / Ln 8 Col a	\$168,70	\$77.98	\$0.00	\$13,34	\$15.40	(with L&H)	\$27.89	\$9.34	\$23.62	\$1.13
10	Base Period Facility Case Mix Index for All Residents	from 4 qirs of FY12		1.4753								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.86								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = En 11, AllOthr = En 9		\$52.86	\$0.00	\$13.34	\$15,40		\$27.89	\$9,34	\$23.62	\$1.1
13	Per Diem Standards (After Statewide CMA for Routine Stres)	per Peer Group Limits		\$71.51	\$0,00	\$18.41	\$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
l	Quarterly Per Diem Rate Prior to Add-ons											
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 <u>Case Mix Index for Medicaid Residents</u>	per Current Qtr End		<u>1.6380</u>								
18 19	Ontrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	Ln 16 x Ln 17 RS ≂ Ln 18, AliOlhr = Ln 16	\$173.39	\$98,17 \$98.17	\$0,00	\$15.12	\$17.46	\$0.00	\$23.31	\$9,34	\$8.86	\$1.1
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Stnd - Alwdi 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 Srvs)	Ln 19 Col b x CPS Add-on	\$0.98	\$0.98	00	75.22	43.41	45.00	45.00		\$5.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$1,96	\$1,96								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diern 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		***************************************					4		

Provider: Ansley Park Health & Rehab Center Prvdr ID: 003136416A H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/01/20 06/30/20 Na	·······	Data and Percentages Growth Allowance: BIMS: te Day/Quality Incentive:	Facility Score N/A 18.8% 4.90	Add-on Percent 13.37% 0.0% 3.0%		Quarter	(CMI) Data iod Overall CMI: y Medicaid CMI: 3 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 b	Special Services C	Dietary d	Laundry & Houskpng e	Plant Operatns & Maint	Admin and General q	A&G- GL-PL Insurance	Property and Related h	Taxes and Insurance
CASE MIX BASED RATE CALCULATIONS Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 95% of Std Growth Allowance 13.4% CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	FY2018 GL-PL ins. Rpt FY2018 GL-PL ins. Rpt FY 2012 Peer Group Lim		1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53 \$71.51 \$67.93 \$9.08 \$77.01 1.4078 \$108.42	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.00	2 Freeslanding All Bed Sizes 90.0% 100.0% \$0.22 \$18.41 \$17.49 \$2.34 \$19.83	1 All Facilities	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$20.56 \$19.53 \$2.61 \$22.14	\$ 62,514 20,721 \$ 3.02	\$39.71 \$39.71 \$39.71 (FRV Rale)	\$5.82 \$5.82 \$5.82
Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 0.0% to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts		\$223.81 \$0.00 \$3.25 \$17.10 \$20.35	\$108.42 \$0.00 \$3.25		\$19.83	\$24.87		\$22.14 17.10	\$3.02	\$39.71	\$5.82
Quarterly Case Mix Based Per Diem Rate Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$170.30	\$244.16	\$111.67		\$19,83	\$24.87		\$39.24	\$3.02	\$39.71	\$5.82

State-

Facility

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

Quarterly Per Diem Add-on Amounts

Total Quarterly Per Diem Add-on Amounts

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

25 Quarterly Case Mix Based Per Diem Rate

BIMS Add-on Per Diem =

Nursing Home Provider Fee

Efficiency Add-on Per Diem ((Sind - Alwd) x .75, up to max, or 0)

Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)

20

21

22

23

24

Facility

Add-on

1	Provider: Prvdr ID:	Appling Nursing and Rehab Pavillion 00140093A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020		owth Allowance; Qtrly BIMS score	30.9%	Percent 13.37% 2.5% 3.0%	***************************************		d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.0796 1.1932 1.2087	1.3617 1.5138 1.5405
Line		Description	Sources / Calculations	Totals	Routine Services	Special Services	Dielary	Laundry & Houskpag	Plant Operatos & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
	CASE M	IX BASED RATE CALCULATIONS		a	Marie (a b operation	C	ise of decision	e	Special Comment	in g	in green	diange, h legiteri	\$ 55 or 1 5 or 5
1	Cost Co	enter Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer (roup Standards & Efficiency Measure Limits Group Standards: Percentile Group Standards: Multiplier ncy Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0,53	90,0% 100,0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105,0% \$0,37			
	Base P	eriod Per Diem Allowed Amounts											
5	As Fil	ed Cost Center Costs (Routine & Special Srvcs 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	1	Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$115,028)	\$0	\$0	\$0	(\$17,548)	(\$20,441)	(\$62,275)		(\$14,764)	\$0
7		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	Tot	al Nursing Facility Days As Filed Days = 36,305	FY12 Audited C/R Days	36,305									
	1	al Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,711	FY 18 GL-PL Ins Rpt Days								36,711		
9		er Diems prior to Case Mix Adjstmt to Routine Srvcs	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		se Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.0796</u>								
11		utine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.03								
12	i .	er Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$80.03	\$0.00	\$26,11	\$24.92		\$20,30	\$5.94	\$9.69	\$0,00
13		iem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$29,15	\$23.09		\$20,56	\$0.00	N/A	
14		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
15	1	ly Per Diem Rate Prior to Add-ons h Allowance Percentage = 13,37%	En 14 x Grwth Allwnc %	640.05	60.60	***	20.40		***				
16		Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$18.85 \$194.66	\$9.56 \$81.07	\$0.00 \$0.00	\$3.49 \$29.60	\$3,09	\$0.00	\$2.71	N/A	N/A	N/A
17		arterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$194.00		\$0.00	\$5a'20	\$26.18	\$0,00	\$23.01	\$5.94	\$28.86	\$0,00
18		riverry racintly <u>Case Mix aidex</u> for Medicald Residents fly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Lo 16 x Lo 17		1.2087 \$97.99								
19		ny Rodinie Sives case Mix Adjsto (CMA) Net Per Diem erly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOlhr = Ln 16	tour to		\$0.00	****	600.40		****			
	- Wualt	any medicald conta followed her bleffi	170 - Eli 10, NICARI - El 10	\$211.58	\$97,99	\$0,00	\$29.60	\$26.18	\$0,00	\$23.01	\$5.94	\$28.86	\$0.00

\$0.41

\$2.45

\$2.94

\$17.10

\$22.90

\$234.48

\$163,04

\$0,00

\$2.45

\$2.94

\$5.39

\$103.38

\$0.00

\$0.00

\$0.00

\$0.22

\$0,22

\$29.82

\$0,00

\$0.00

\$26,18

\$0,00

\$0.00

\$0.00

\$0,19

\$17.10

\$17.29

\$40.30

\$0.00

\$5.94

\$0,00

\$0.00

\$28,86

\$0.00

\$0.00

(see Policy Manual)

Ln 19 Col b x CPS Add-on

Ln 19 Col b x Stfng Add-on

(Fixed Amount)

Sum of Lns 20 thru 23

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0,75

2.5% (to Routine Srvs)

Provider: Archway Transitional Care Center Prvdr ID: 003185502A H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:		***************************************	Data and Percentages Growth Allowance; BIMS: te Day/Quality Incentive;	Facility Score N/A 47.1% 3.47	Add-on Percent 13.37% 5.5% 2.0%		Quarter	(CMI) Data iod Overall CMI: y Medicaid CMI: 3 Wght Options:		Facility Specific Use Stwd 1.1845 1.2031	State- wide 1.3617 1.5138 1.5405
Line Description	Sources / Calculations	Totals	Routine Services b	Special Services C	Dietary	Laundry & Houskprig e	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
CASE MIX BASED RATE CALCULATIONS Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 95% of Std Growth Allowance 13.4% CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents	FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt FY 2012 Peer Group Limit	\$156.95 \$16.97 \$178.75	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53 \$71.51 \$67.93 \$9.08 \$77.01 1.2031	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.00	2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22 \$18.41 \$17.49 \$2.34 \$19.83	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41 \$23.09 \$21.94 \$2.93 \$24.87	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$20.56 \$19.53 \$2.61 \$22.14		\$24.20 \$24.20 \$24.20 (FRV Rate)	
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 = 5.5% to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% Nursing Home Provider Fee		\$194.39 \$5.10 \$1.85 \$17.10	\$92.65 \$92.65 \$5.10 \$1.85		\$19,83	\$24.87		\$22.14 17.10	\$4.83	\$24.20	\$5,86
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%	\$151.00	\$24.05 \$218.44	\$99.60		\$19.83	\$24.87		\$39.24	\$4.83	\$24,20	\$5.86

i	ovider: Arrowhead Healthcare vdr ID: 00143162A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020		owth Allowance: Utrly BIMS score	63.0%	Add-on Percent 13.37% 5.5% 2.0%			d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.4860 1.9121 1.9489	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
C	ASE MIX BASED RATE CALCULATIONS		a	rice in b iggrie.	C	d d	0	65544 6 5566	9	g	vieringer h especies	hija ja ja ja karinga.
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 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Srvcs	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		<u>1.4860</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$44.88								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Strvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$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
45	Quarterly Per Diem Rate Prior to Add-ons											
15 16	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$12.77	\$6.00	\$0.00	\$1.81	\$2,46	\$0.00	\$2.50	N/A	N/A	N/A
17	CMA Allowed Per Diem (After Growth Allowance Add-on) Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	Ln 14 + Ln 15 per Current Qtr End	\$120.30	\$50.88	\$0.00	\$15,36	\$20.88	\$0.00	\$21.22	\$0.89	\$9.35	\$1.72
18	Qrirly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		<u>1.9489</u> \$99.16								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$168,58	\$99.16 \$99.16	\$0.00	\$15,36	\$20.88	\$0.00	\$21.22	\$0.89	\$9.35	\$1.72
	Quarterly Per Diem Add-on Amounts											
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 Diern = 5.5% (to Routine Srvs)	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 Srvcs)	En 19 Col b x Sting 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	£n 19 + Ln 24	\$194.64	\$107.12	\$0,00	\$15.58	\$21,29	\$0.00	\$38.69	e8.02	\$9,35	\$1.72
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) - 0.75	\$133.16	<u> </u>								

1	rovider: Autumn Breeze Health Care Ctr		Add-on Data and		Facility Score	Add-on Percent	Cas	se Mix Index (_	Facility Specific	State- wide
P	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020 06/30/20 Nurse Hours p	_	owth Allowance: Otrly BIMS score Quality Incentive:	N/A 24.6% 3.18	13.37% 1.0% 3.0%	Ortrly Mcaid	Quarterly	d Overall CMI; Medicaid CMI; Wght Options;		1.2569 1.6363 1.6689	1.3617 1,5138 1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	tana bija jiga	c	o de la composición	e	tream f orecom	g	g	aranggap h assagaga	Applications
С	ASE MIX BASED RATE CALCULATIONS											
_						_	_					
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits			70, 200 0,,00	7 III DOG DILCO	70,000,0,200	All Ded Gizes	AU DEB GIZES	Ni Ded Gizes			
2	Peer Group Standards: A Emiciency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50,0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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 Srvcs 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)	\$35,559
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	\$35,559
8	Total Nursing Facility Days As Filed Days # 35,506	FY12 Audited C/R Days	35,532									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,023	FY 18 GL-PL Ins Rpt Days								33,023		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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		<u>1.2569</u>								
11	Routine Stvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58,19						}		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Strucs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$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	\$1.00
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwac %	\$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 Oir End		1.6689								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.10								
19	Quarterly Medicald 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
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0,53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.10	\$1,10	40,00		90.41	ψυ.υυ	\$5.00		\$3.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3,30	\$3.30								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	7-144					\$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							·		2

	***************************************			Facility	Add-on					Facility	State-
Provider: Autumn Lane		Add-on D	ata and Percentages	Score	Percent		Case Mix Index	(CMI) Data		Specific	wide
Prvdr ID: 00082992A			Growth Allowance:	N/A	13.37%		Base Per	iod Overall CMI		1.2897	1.3617
H/B ?: No Case Mix Per Diem Rate Effective Date:	10/01/20		BIMS:	31.8%	2.5%		Quarter	ly Medicaid CMI		1,3163	1.5138
MDS & Nurse Hrs Data per Quarter Ending:	06/30/20 Nur	se Hours per On-Si	e Day/Quality Incentive:	3.40	3.0%	Qrtrly M	caid CMI w RU	G Wght Options		1.3389	1.5405
Line	Sources /	Totals	Routine	Special	Dietary	Laundry &	Plant Operatos	Admin and	A&G- GL-PL	Property and	Taxes
# Description	Calculations		Services	Services		Houskpng	& Maint	General	Insurance	Related	Insurance
		a	ь	C	d	е	and the state of the state of	Ослова		h	i
CASE MIX BASED RATE CALCULATIONS						1		1 9		Land of the Control	
Cost Center Peer Groups per Selected Options		1	1 1	1 1	2	1 1	1 1	1 1	1 :	1	1
Type of Facility within Peer Group		1	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				, C C C C		1	7 200 0.200	7 117 202 01200	1		1
Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			İ
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			1
Per Diem Costs and Add-ons											
GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt				ł				\$ 55,587		
Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt				i				20,097		ł
Standard Per Diem (After CMA for Routine Srvcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20,56	,	\$33.41	\$0.61
Allowed @ 95% of Std		\$160,91	\$67.93		\$17.49	\$21,94		\$19,53		\$33.41	
Growth Allowance 13.4%		\$16.97	\$9.08		\$2.34	\$2.93		\$2.61		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 72.5
CMA Allowed Per Diem (After Growth Allowance)		\$180.65	\$77.01		\$19.83	\$24.87		\$22,14	\$ 2.77	\$33.41	\$0.61
Quarterly Facility Case Mix Index for Medicaid Residents			1,3389			,]		(FRV Rate)	****
Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem			\$103.11							[, ((, , , (o, o,)	}
Quarterly Medicaid CMA Allowed Per Diem		\$206.74	\$103.11		\$19.83	\$24.87		600.44	\$2,77	600.44	60.04
Quarterly Per Diem Add-On Amounts		\$200,74	\$103.11		\$19.03	\$24.07		\$22.14	\$2.11	\$33.41	\$0.61
BIMS Add-on Per Diem = 2.5% to Routine Srys)		\$2.58	60.50								
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		1	\$2.58								
Nursing Home Provider Fee 3.0%		\$3.09	\$3.09					17.0]		
Total Quarterly Per Diem Add-On Amounts		\$17.10 \$22.77						17.10	j !		
Quarterly Case Mix Based Per Diem Rate			6400.70		640.00	A 04.07		400.01		***	
	\$159.31	\$229.52	\$108.78		\$19.83	\$24.87		\$39.24	\$2.77	\$33,41	\$0.61
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$155.31	<u> </u>			I.,	L		L	<u> </u>		ļ

Facility Add-on Facility State-Provider: Avalon Hith. & Rehab Add-on Data and Percentages Score Percent Case Mix Index (CMI) Data Specific wide Prvdr ID: 00142084A Growth Allowance: N/A 13.37% Base Period Overall CMI: 1,1537 1.3617 Case Mix Per Diem Rate Effective Date; 10/1/2020 Qtdy BIMS score 69.2% 5.5% Quarterly Medicaid CMI: 1,4771 1.5138 MDS & Nurse Hrs Data per Quarter Ending: 06/30/20 Nurse Hours per On-Site Day/Quality Incentive: 3.75 2.0% Ortrly Moaid 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) 4, 15 15 b 15 14 15 15	C	d d		1933 of 18376	g	of egries	h 1000	i i
<u> </u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100,0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105,0% \$0,37	Act and a series a		
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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	FY12 Audited C/R Days	28,784									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,835	FY 18 GL-PL Ins Rpt Days								28,835		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln7/Ln8Cola	\$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		<u>1.1537</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$69.43								
12	Net Per Diems after Case Mix Adjstrnt to Routine Srvcs	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 Stycs)	per Peer Group Limits		\$71.51	\$0,00	\$18.41	\$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
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$16,40	\$9.28	\$0.00	\$1,91	\$2.58	\$0.00	\$2,63	N/A	N/A	N/A
16	CMA Allowed Per Diern (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$152.92	\$78.71	\$0.00	\$16,16	\$21.91	\$0.00	\$2,03	\$2.99	\$9.99	\$0.87
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$102.52	1.5003	\$0.00	\$10.10	321.51	\$0.00	\$22.25	\$2.55	49,99	30.01
18	Ortrly Routine Srvcs 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
				*******				*	122.20	12.55	45.55	40.07
	Quarterly Per Diem Add-on Amounts											
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	1	\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	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 Srvcs)	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	\$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									

ì	ovider: Azalea Health & Rehabilitation vdr ID: 00141963A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020 06/30/20 Nurse Hours		owth Allowance: Utrly BIMS score	34.9%	Add-on <u>Percent</u> 13.37% 2,5% 3.0%		Quarterly !	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.3435 1.4273 1.4530	State- wide 1.3617 1.5138 1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskong	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			- a	- 1 b - 1 1 1	С	d	grinder en en e	2.252 1f 32.4%	g	g	1935-1916 h 1935-1935	: . · · I
<u>C/</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90,0% 100,0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Stycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$3,162,617	\$1,603,561	\$0	\$369,394	\$169,767	\$239,686	\$480,884	\$105,708	\$193,617	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$37,086)	\$0	\$0	so	\$0	(\$203)	(\$36,883)		(\$24,478)	\$24,478
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,125,531	\$1,603,561	\$0	\$369,394	\$169,767	\$239,483	\$444,001	\$105,708	\$169,139	\$24,478
8	Total Nursing Facility Days As Filed Days = 23,469	FY12 Audited C/R Days	23,469									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,793	FY 18 GL-PL Ins Rpt Days								27,793		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$132.48	\$68,33	\$0.00	\$15.74	\$17.44	(with L&H)	\$18,92	\$3,80	\$7.21	\$1.04
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.3435</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.86								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = 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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$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
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13.37%	Ln 14 x Grwih Allwac %	\$13.76	\$6.80	\$0.00	\$2.10	\$2.33	\$0.00	60.50			
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	\$2.53 \$21.45	N/A \$3,80	N/A \$9.66	N/A \$1.04
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qir End	\$101.22	1.4530	\$0.00	\$17.04	\$15.11	\$0.00	\$21.40	\$3,60	\$9.00	\$1.04
18	Qrtrly Routine Srvcs 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
W. W	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0,53	\$0,00	\$0.22	\$0.41	\$0.00	\$0.37		\$0,00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	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 Srvcs)	Ln 19 Col b x Sting Add-on	\$2.51	\$2.51								
23	Nursing Hame Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Las 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		f	· · · · · · · · · · · · · · · · · · ·	***************************************					

Provider;	Azalea Health & Rehab		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State- wide
Prvdr ID;	00059441A		Growth Allowance;	N/A	13.37%	Base Period Overall CMI;	1,5985	1,3617
	Case Mix Per Diem Rate Effective Date;	10/1/2020	Qtrly BIMS score	32.7%	2.5%	Quarterly Medicaid CMI;	1,7686	1,5138
1	MDS & Nurse Hrs Data per Quarter Ending:	06/30/20	Nurse Hours per On-Site Day/Quality Incentive:	3.39	2.0%	Ortrly Meaid CMI w RUG Wight Options:	1.8023	1,5405
						• •		

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
_			а	atta sabati iki	С	ď	е	pieros f eleliti,	g	g	39,8943 h () 99	1.0011
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85,0% 100,0% \$0,41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Sives 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	FY12 Audited C/R Days	31,831									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days # 29,099	FY 18 GL-PL Ins Rpt Days								29,099		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7/Ln 8 Cola	\$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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$47.57								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = 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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$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
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$12.83	\$6,37	\$0.00	\$1.92	\$1.79	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diern (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 Otr End	\$122.01	1.8023	45.00	\$10.27	\$10.15	\$0.00	V20.01	\$0.10	\$11,50	\$1,24
18	Ortrly Routine Srvcs 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
	·					,		•			•	•
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([SInd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1,16	\$0,53	\$0.00	\$0.22	\$0,41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	En 19 Col b x CPS Add-on	\$2.44	\$2.44								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting 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 - l.n 23) * 0,75	\$128.24									

1	ovider: Azalea Trace Nursing Home	Ad	d-on Data and P		Facility Score	Add-on Percent	Cas	e Mix Index (Facility Specific	State- wide
Pi	vdr ID: 00141886A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/01/20 06/30/20	Qtr	th Allowance: ly BIMS score ality Incentive:	43.8%	13,37% 2.5% 3.0%	Qrtrly Mcaid	Quarterly	d Overall CMI; Medicaid CMI; Wght Options:		1.2980 1.3847 1.4099	1.3699 1.5138 1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
. :.:			a	ng abijana		ignitud enteje	: e:	eerite finanti	g	g	h	jakin kara
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0,53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85,0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts								-			
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	700,201	(\$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	FY13 Audited C/R Days	38,837								-	-
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,967	FY 18 GL-PL Ins Rpt Days								36,967		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75,38								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$73.90	\$0.00	\$19.14	\$23.27		\$23.46	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$138,04	\$73,90	\$0.00	\$16.44	\$16.58		\$18.26	\$2.42	10.27	\$0,17
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Allwnc %	\$16,74	\$9.88	\$0.00	\$2.20	\$2.22	\$0.00	\$2.44	N/A	N/A	N/A
16	CMA Alfowed 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	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.12								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = £n 18, AllOlhr = £n 16	\$189.12	\$118.12	\$0.00	\$18.64	\$18,80	\$0.00	\$20.70	\$2.42	\$10.27	\$0.17
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1,00	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.00	\$0.00	ψυ.υ υ	₽ ∪.22	⊅ U.441	φυ.υ 	30,37		\$0,00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Cal b x Sting Add-on	\$3.54	\$3.54								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	45.54					\$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	(Lπ 25 - Ln 23) * 0.75	\$147.46	· · · · · · · · · · · · · · · · · · ·								

Dravidar, Azalasland Numina Homa			\-! <i>!</i> 0	Facility	Add-on Percent					Facility	State-
Provider: Azalealand Nursing Home		Add-on I	Data and Percentages	Score			Case Mix Index			Specific	wide
Prvdr ID: 00141237A			Growth Allowance:	N/A	13.37%			iod Overall CMI:		1.4999	1.3617
H/B ?: No Case Mix Per Diem Rate Effective Date:			BIMS:	51.4%	5.5%		Quarter	ly Medicaid CMI:		1.5999	1.5138
MDS & Nurse Hrs Data per Quarter Ending:	06/30/20 Nurs	se Hours per On-Si	te Day/Quality Incentive:	4.40	3.0%	Ortrly M	Icaid CMI w RU	G Wght Options:		1,6308	1.5405
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns	Admin and	A&G- GL-PL Insurance	Property and	Taxes and
	Calculations	а	b	<u>a, in jaar Nyyasa aan</u>	ď	111 a 2 A 1 A 1 A	& Maint	General	11 .ee 1	Related	Insurance
CASE MIX BASED RATE CALCULATIONS	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	1 d	La anno es e Directo, me	С	<u> </u>	е	Lookeris Palmidik	<u>I i i i g</u>	<u> </u>	<u> </u>	J
Cost Center Peer Groups per Selected Options		1	1 1		2	٠ .	م ا	1 1	1	•	1
Type of Facility within Peer Group			All Facilities	All Facilities	Freestandina	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	1		All Ded Sizes	Mil Deu Sizes	All Bell Sizes	All Deu 3izes	Mil Ded Sizes	All Bed Sizes			
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		1	40.00	\$0.00	\$0.22	90.41	<u> </u>	30.37			İ
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 Stycs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56	24,700	\$17.05	ر ہے ا
Allowed @ 95% of Std	1 1 2012 1 COI Group Link	\$145,42	\$67.93		\$17.49	\$23.09 \$21.94		\$20.56		\$17.05 \$17.05	
Growth Allowance 13.4%		\$16.97	\$9,08			\$21.94 \$2.93			•	\$17.00	\$1.4
CMA Allowed Per Diem (After Growth Alowance)		\$164.16	\$9.06 \$77.01		\$2.34 \$19.83	\$2.93 \$24.87	İ	\$2.61	1		
Quarterly Facility Case Mix Index for Medicaid Residents		\$104.10	· ·		\$19.63	\$24.07		\$22.14	\$ 1.77	\$17,05	\$1.48
1 ' '			<u>1.6308</u>						İ	(FRV Rate)	
Qrtly Routine Srvcs 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
Quarterly Per Diem Add-On Amounts									[İ	
BIMS Add-on Per Diem = 5.5% to Routine Srvs)	ł	\$6.91	\$6.91								
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$3.77	\$3.77		ļ				.		
Nursing Home Provider Fee		\$17.10			Ì			17.10			
Total Quarterly Per Diem Add-On Amounts		\$27.78						1			
Quarterly Case Mix Based Per Diem Rate		\$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			·	ĺ						

1	trovider: Bainbridge Health Care		Add-on Data and	Percentages	Facility Score N/A	Add-on Percent	Cas	se Mix Index (- -	Facility Specific	State- wide
	Case Mix Per Diem Rate Effective Date MDS & Nurse Hrs Data per Quarter Ending			trty BIMS score	52.2%	13,37% 5,5% 3.0%	Qrtrly Mcaid		d Overall CMf: Medicaid CMI: Wght Options;	:	1.2138 1.9394 1.9767	1,3617 1,5138 1,5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskping	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			Septemb a (September	Maria de la composición dela composición de la composición de la composición de la composición dela composición de la composición dela composición dela composición de la composición dela composición de la composición dela composición dela composición dela composición dela composición dela composición dela composición dela composición dela composición dela composición de		d	e in the	f	g	g	Bereitscheit eines	2005 10 to 1
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90,0% 100,0% \$0,53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105,0% \$0,37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,632,143	\$1,795,891	\$0	\$371,884	\$254,122	\$217,451	\$524,151	\$26,806	\$441,838	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$173,176)	(\$123,931)	\$0	\$791	\$1,934	\$7,219	(\$48,025)		(\$30,544)	\$19,380
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,458,967	\$1,671,960	\$0	\$372,675	\$256,056	\$224,670	\$476,126	\$26,806	\$411,294	\$19,380
8	Total Nursing Facility Days As Filed Days = 32,126	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 Srvcs	Ln 7/Ln 8 Col a	\$107.90	\$52.04	\$0.00	\$11.60	\$14.96	(with L&H)	\$14.82	\$1.08	\$12,80	\$0.60
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.2138</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / En 10		\$42.87	•							
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71,51	\$0.00	\$18.41	\$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	\$0,60
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
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	\$7.67	\$0.60
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.9767								*
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.07								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlhr = Ln 16	\$152.33	\$96.07	\$0.00	\$13.15	\$16,96	\$0.00	\$16.80	\$1.08	\$7.67	\$0,60
	Quarterly Per Diem Add-on Amounts											
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 Srvs)	Ln 19 Col b x CPS Add-on	\$5.28	\$5.28	Ψ0.00	90.22	90,41	\$0.00	\$0.37		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Cai b x Sting Add-on	\$2,88	\$2.88								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	72.00					\$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			L1		l	1	L		.

Facility Add-on Facility State-Baptist Village, Inc. Provider, Score Percent Add-on Data and Percentages Case Mix Index (CMI) Data Specific __wide_ Prvdr ID: 00140203A Growth Allowance: N/A 13.37% Base Period Overall CMI; 1.1403 1,3617 Case Mix Per Diem Rate Effective Date: 10/1/2020 Otrly BIMS score 29.0% 1.0% Quarterly Medicaid CMI; 1.3077 1.5138 MDS & Nurse Hrs Data per Quarter Ending: 06/30/20 Nurse Hours per On-Site Day/Quality Incentive: Ortrly Moaid CMI w RUG Wight Options; 4.47 3,0% 1,3302 1.5405

	moo a noise no bata per Quarter Emang.	- Tailo Flouro p	er on-one bayre		7.71	0,0,0		CIVIL A LOG	vvgni Options,		1.3302	1.0400
Line	Description	Sources <i>I</i> Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			aa	b	· C	d	е	ing fage	g	g	ang ta harasas	
2	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility wilthin Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	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 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Sives 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
8	Cost Center Costs After Audit Adjustments Total Nursing Facility Days As Filed Days = 85,093	FY12 Audited C/R FY12 Audited C/R Days	\$13,802,600 85,093	\$7,360,257	\$0	\$1,782,786	\$587,694	\$1,382,872	\$1,701,738	\$104,476	\$847,348	\$35,429
	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 Srvcs	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		<u>1.1403</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.86								
12	Net Per Diems after Case Mix Adjstrnt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20,56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of En 12 or En 13	\$154.01	\$71.51	\$0,00	\$18.41	\$23.09		\$20.00	\$1.33	19.25 (FRV)	\$0.42
	Quarterly Per Diem Rate Prior to Add-ons										(11.17)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$17.78	\$9.56	\$0,00	\$2,46	\$3,09	\$0.00	\$2.67	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$171.79	\$81,07	\$0.00	\$20.87	\$26,18	\$0,00	\$22.67	\$1.33	\$19.25	\$0.42
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3302								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.84								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$198.56	\$107.84	\$0.00	\$20.87	\$26.18	\$0,00	\$22.67	\$1.33	\$19.25	\$0.42
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - 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 Srvs)	Ln 19 Coi b x CPS Add-on	\$1.08	\$1.08								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.24	\$3.24								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0,00						\$0.00			
24	Total Quartedy 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									

Provider:	, ,	_	Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	e Mix Index (C	CMI) Data		Facility Specific	State- wide
Prvdr ID:	00624951A Case Mix Per Diem Rate Effective Date:	10/1/2020		owth Allowance: htrly BIMS score		13.37% 5.5%			Overall CMI:		1.3673	1.3617
	MDS & Nurse Hrs Data per Quarter Ending:		per On-Site Day/C			3.0%	Ortrly Moaid	Quarterly ! CMI w RUG !	Medicaid CMI: Wght Options:		1.5056 1.5350	1,5138 1,5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns	Admin and	A&G- GL-PL Insurance	Property and	Taxes and
		Calculations	а	b	c	d	e	& Maint	General	Manageryeit	Related	Insurance
			e interes a services	Control (Sec. Distriction	tangan Chinaga	0,000		300000 1 ,55000	g	ğ	engilejska h erre sjeden	sa ann i a' a
CASE	MIX BASED RATE CALCULATIONS											
1 Cost	Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 Pee	Group Standards & Efficiency Measure Limits r Group Standards: Percentile r Group Standards: Multiplier ciency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90,0% 100,0% \$0,22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Rase	Period Per Diem Allowed Amounts											
1 1	Filed Cost Center Costs (Routine & Special Srycs 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
	it Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$32,227)	\$0	\$0	\$0	\$173,533	\$0	(\$33,648)	\$50,140	(\$43,412)	\$44,833
1 1	t 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 T	otal Nursing Facility Days As Filed Days = 20,789	FY12 Audited C/R Days	20,789					, ,			•	,
Ti	otal Nursing Facility Days GL-PL Ins. Rpt	FY 18 GL-PL Ins Rpt Days								21,900		
9 Net	Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 B	ase Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.3673</u>								
11 R	outine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.24								
12 Net	Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlhr = Ln 9		\$56,24	\$0.00	\$17.27	\$20.12		\$16.61	\$2,29	\$14.09	\$2.16
1 1	Diem Standards (After Statewide CMA for Routine Stycs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23,09		\$20.56	\$0.00	N/A	
14 Base	e Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$128.24	\$56.24	\$0.00	\$17.27	\$20.12		\$16,61	\$2.29	13.55	\$2.16
Quart	erly Per Diem Rate Prior to Add-ons										(FRV)	
15 Grov	wth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14.74	\$7.52	\$0.00	\$2.31	\$2.69	\$0.00	\$2.22	N/A	N/A	N/A
16 CMA	A 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
1	uarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Oir End		<u>1.5350</u>								
1	rtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.87								
19 Qua	rterly 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
Quarte	erly Per Diem Add-on Amounts											
ı	iency 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	S Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$5.38	\$5.38								
22 Nurs	se Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Slfng Add-on	\$2.94	\$2.94								
	sing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24 Tota	I Quarterly Per Diem Add-on Amounts	Sum of Lns 20 (hru 23	\$26.95	\$8.85	\$0,00	\$0.22	\$0.41	\$0.00	\$17,47	\$0.00	\$0.00	\$0.00
25 Quarte	erly 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 Quarte	erly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$140.21							*		

!	rovider: The Bell-Minor Home, Inc. rvdr ID: 00059397A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/01/20 06/30/20 Vurse Hours p		th Allowance: ly BIMS score	35.5%	Add-on Percent 13.37% 2.5% 3.0%		Quarterly l	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1,4312 1,6520 1,6850	State- wide 1.3699 1.5138 1.5405
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskong	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а		store Critica	. seed distinct	е	5000 f alence	g	g g	i i je izvo h o zave	
2	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Períod Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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	FY13 Audited C/R Days	34,932									
	Total Nursing Facility Days GL-PL Ins, Rpt As Filed Days = 34,404	FY 18 GL-PL Ins Rpt Days								34,404		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$159.53	\$62.93	\$0.00	\$13.54	\$17.90	(with L&H)	\$26,20	\$3.89	\$33.19	\$1.88
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		<u>1.4312</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$43.97								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = Ln 9		\$43.97	\$0.00	\$13.54	\$17.90		\$26,20	\$3,89	\$33.19	\$1.88
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$73.90	\$0.00	\$19.14	\$23.27		\$23.46	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$118.32	\$43.97	\$0.00	\$13.54	\$17.90		\$23.46	\$3,89	13.68 <i>(FRV)</i>	\$1.88
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Allwnc %	\$13.22	\$5.88	\$0.00	\$1.81	\$2.39	\$0.00	\$3.14	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$131.54	\$49.85	\$0.00	\$15.35	\$20.29	\$0.00	\$26.60	\$3.89	\$13.68	\$1,88
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End Ln 16 x Ln 17		1.6850								
19	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$165.69	\$84.00 \$84.00	\$0,00	\$15,35	\$20.29	\$0.00	\$26.60	\$3.89	\$13.68	\$1.88
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0,00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.10	\$2.10							- 11	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x String Add-on	\$2.52	\$2.52								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.88	\$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	\$188.57	\$89.15	\$0.00	\$15.57	\$20.70	\$0.00	\$43.70	\$3,89	\$13,68	\$1.88
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(i.n 25 - Ln 23) * 0.75	\$128.60									

F	Provider: Berrien Nursing Center	_	Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	se Mix Index (CMI) Data		Facility Specific	State- wide
F	vvdr ID: 00143382A			owth Allowance:		13.37%		Base Perio	d Overall CMI:		1.3657	1.3617
	Case Mix Per Diem Rate Effective Date; MDS & Nurse Hrs Data per Quarter Ending;	10/1/2020 06/30/20 Nurse Hours	C per On-Site Day/C	Itrly BIMS score		2.5% 3.0%	Ortdy Meain		Medicaid CMI: Wght Options:		1.5493 1,5765	1.5138
	To a transfer blad por against Ending.	2010020 110113	per our one buyre	tudiny incentive.	J.42	3.076	Qitiiy Wicaic	I CIMII W ICOG	vvgist Options.		1,5765	1.5405
Line		Sources /	Totals	Routine	Special		Laundry &	Plant	Admin	A&G-GL-PL	Property	Taxes
#	Description	Calculations	Totals	Services	Services	Dietary	Houskpng	Operatns & Maint	and General	Insurance	and Related	and Insurance
			а	b	C	d	e	engele f olkers	g	g	h	
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											23.32. 1.7. 23. 2
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group	(ecc. one) manaay		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 Peer Group Standards: Multiplier	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0,53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105,0% \$0,37			
	Base Devised Was Disas Allered Assessed						,					
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-Pt, Rpt	\$5,378,143	\$2,639,676	-	6004.000	6240.000	*******	0017.747	0454400	A 157 000	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstrats	(\$76,686)		\$0 \$0	\$654,635	\$340,368	\$284,150	\$817,717	\$154,198	\$487,399	\$0
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,301,457	(\$5,925) \$2,632,751	\$0 \$0	\$0 \$654,635	\$0 \$340,368	\$3,548 \$287,698	(\$73,309) \$744,408	\$154,198	(\$35,723) \$451,676	\$35,723 \$35,723
8	Total Nursing Facility Days As Filed Days = 37,394	FY12 Audited C/R Days	37,394	\$2,002,701	40	3004,000	\$340,300	\$201,030	\$744,400	\$104,180	\$451,676	\$35,723
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,514	FY 18 GL-PL ins Rpt Days	07,004							35,514		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$142.01	\$70,41	\$0.00	\$17,51	\$16.80	(with L&H)	\$19.91	\$4.34	\$12.08	\$0.96
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3657			•	,	1		\$ 1255	40.25
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$51.56								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlhr = 1,n 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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0,00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or £n 13	\$123.03	\$51.56	\$0.00	\$17.51	\$16.80		\$19.91	\$4,34	11.95	\$0.96
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	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		1.5765	700	1.5.55	7.3,00	12.00	1	Ţ .	\$.1,55	55.56
18	Ortrly Routine Srvcs 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
	Curatatu Par Pian Add an America											
20	Quarterly Per Diem Add-on Amounts 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		60.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.30	\$0,53 \$2.30	30,00	⇒ 0.22	\$U.41	\$0,00	30,37		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.76	\$2.76								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	520					\$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			1		L	1	I		

1	rovider: Blue Ridge Healthcare of Buchanan		Add-on Data and		Facility Score	Add-on Percent	Cas	se Mix Index ((Facility Specific	State- wide
	rvdr ID: 00142722A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020 06/30/20 Nurse Hours p		owth Allowance: Rrly BIMS score tuality Incentive;		13.37% 1.0% 2.0%	Qrtrly Mcaid		d Overall CMI: Medicaid CMI: Wght Options:	:	1.2328 1.6125 1.6430	1,3617 1,5138 1,5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
12512			ing ang in	b	C	95550 d (1765)	periode (no de la finale de la finale	g	g	Marie h. wing	Filter Herita
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100,0% \$0,41		50.0% 105.0%	***************************************		
	Base Period Per Diem Allowed Amounts	(see Policy Manual)		\$0,55	\$0.00	\$0.22	\$0.47		\$0.37			
5	As Filed Cost Center Costs (Routine & Special Sives 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)	1 1	(\$16,494)	\$17,597
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,602,890	\$1,355,877	\$0	\$276,928	\$146,620	\$160,837	\$460,426	\$75,853	\$108,752	\$17,597
8	Total Nursing Facility Days As Filed Days = 19,686	FY12 Audited C/R Days	19,686									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,724	FY 18 GL-PL Ins Rpt Days Ln 7 / Ln 8 Col a	0.00.40	***	** **					18,724		
10	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Base Period Facility Case Mix Index for All Residents	from 4 gtrs of FY12	\$132.42	\$68,88	\$0.00	\$14.07	\$15,62	(with L&H)	\$23.39	\$4.05	\$5,52	\$0.89
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		1.2328 \$55.87								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11. AllOthr = Ln 9		\$55.87	\$0.00	\$14.07	\$15,62		\$23,39	54.05	\$5.52	20.00
13	Per Diem Standards (After Statewide CMA for Routine Stycs)	per Peer Group Limits		\$33.67 \$71.51	\$0.00	\$14.07	\$15,62		\$20.56	\$4.05 \$0.00	\$5.52 N/A	\$0.89
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$121.32	\$55.87	\$0,00	\$14.07	\$15,62		\$20.56	\$4.05	10.26	\$0.89
			1,2,.02	400.07	\$0,00	\$14,0,	\$10.02		\$20,50	34.00	(FRV)	\$0.03
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	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 17	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15 per Current Qtr End	\$135.51	\$63,34	\$0.00	\$15.95	\$17,71	\$0,00	\$23.31	\$4.05	\$10,26	\$0,89
18	Quarterly Facility Case Mix Index for Medicaid Residents	Ln 16 x Ln 17		<u>1.6430</u>								
19	Qutriy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterfy Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$176.24	\$104,07 \$104,07	\$0.00	\$15.95	\$17.71	\$0.00	\$23,31	\$4.05	\$10.26	e0 80
"	spectrally increased Will's Cilottek Feb. 2000	The same representation of the	\$170.24	\$104.07	ŞU.00	\$15,85	φι/./1	\$v.00	\$23,31	34.05	\$10.26	\$0.89
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.04	\$1.04								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x String Add-on	\$2.08	\$2.08								
23 24	Nursing Home Provider Fee Total Quarterly Per Diem Add-on Amounts	(Fixed Amount) Sum of Lns 20 thru 23	\$17.10 \$21.38	\$3.65	\$0.00	60.00	65.44		\$17.10		A	40.5-
<u> </u>						\$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									

Provider: Prvdr ID:	Bolingreen Health & Rehab 00059485A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:		Add-on Data and Percentages Growth Allowance: Qtriy BiMS score Nurse Hours per On-Site Day/Quality Incentive:	Facility Score N/A 37.5% 3.37	Add-on Percent 13.37% 2.5% 3.0%	Case Mix Index (CMI) Data Base Period Overall CMI: Quarterly Medicaid CMI: Qrtrly Mcaid CMI w RUG Wght Options:	Facility <u>Specific</u> 1.3111 1.3550 1.3785	State- wide 1.3617 1.5138 1.5405
Line #	Description	The Control of the Control of the Control	rrces / Totals Routine Services	Special Services	Dietary	Laundry & Plant Admin Operatins and A&G-GL-F Insurance & Maint General	all the second and	Taxes and Insurance

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	aggirii bijalaa	С	500 d 2000	0	330 1 39 13	g	g	h	aliferijesere
<u>c</u>	ASE MIX BASED RATE CALCULATIONS		:									
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 Ali Facilities Ali Bed Sizes	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 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,764,002	\$3,270,937	\$0	\$608,675	\$376,536	\$392,715	\$788,608	\$115,650	\$210,881	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$30,764)	(\$496)	\$0	\$0	\$0	\$0	(\$30,268)		(\$25,461)	\$25,461
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,733,238	\$3,270,441	\$0	\$608,675	\$376,536	\$392,715	\$758,340	\$115,650	\$185,420	\$25,461
8	Total Nursing Facility Days As Filed Days = 42,350	FY12 Audited C/R Days	42,350									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,048	FY 18 GL-PL Ins Rpt Days								40,048		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 af FY12		<u>1.3111</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9/£n 10		\$58.90								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srycs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$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
	Considerity Par Diam Date Delegate Add and										(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13,37%	Ln 14 x Grwth Allwnc %	\$14.61	\$7.87	\$0.00	\$1.92	60.40	60.00	60.00	NICA	.,,	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$135.72	\$66.77	\$0.00	\$1.92	\$2.43 \$20.59	\$0.00 \$0.00	\$2.39 \$20.30	N/A	N/A	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$135.12	1.3785	\$0.00	\$10,29	\$20.59	\$0.00	\$20,30	\$2.89	\$8.28	\$0.60
18	Qrtrly Routine Srvcs 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	60.00	\$20,30	60.00	60.68	00.00
13	Quarterly Medicald GMA Allowed Fell Dieth	10 - El 10, Alcili - El 10	\$100.89	\$92.04	\$0.00	\$16,29	\$20.59	\$0.00	\$20,30	\$2.89	\$8.28	\$0.60
	Quarterly Per Diem Add-on Amounts											
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 Srvs)	En 19 Col b x CPS Add-on	\$2.30	\$2.30								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting 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							''	·	

Provid Prvdr	· · · · · · · · · · · · · · · · · · ·	400000	Facility Add-on Add-on Data and Percentages Score Percent Case Mix Index (CMI) Data								Facility Specific	State- wide
Prvar	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020 06/30/20 Nurse Hours		owth Allowance; htrly BIMS score quality Incentive;	24.1%	13.37% 1.0% 2.0%	Ortrly Mcaio		d Overall CMI; Wedicaid CMI; Wght Options;		1.3678 1.4186 1.4413	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
46 66			aa	b.	C C	ď	podejí je e papagájí	f	g	g	(Million In)	grad i sa s
CAS	E MIX BASED RATE CALCULATIONS											
1 Co	st 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 F	er Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90,0% 100.0% \$0.22	85.0% 100.0% \$0,41		50.0% 105.0% \$0.37	-		
	se Period Per Diem Allowed Amounts is Filed Cost Center Costs (Routine & Special Sives 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	so
6 A	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
1 1	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,911,807	\$2,557,759	\$0	\$530,145	\$292,262	\$328,752	\$849,186	\$151,678	\$1,117,537	\$84,488
8	Total Nursing Facility Days As Filed Days = 38,644	FY12 Audited C/R Days	38,644									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,641	FY 18 GL-PL Ins Rpt Days								38,641		
1 1	let Per Dierns prior to Case Mix Adjstmt to Routine Srvcs	£n 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		<u>1.3678</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.39								
	let Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$48.39	\$0.00	\$13.72	\$16,07		\$21.97	\$3,93	\$28.92	\$2.19
ı	er Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14 8	lase 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
	arterly Per Diem Rate Prior to Add-ons											
1	Frowth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwric %	\$13.20	\$6,47	\$0.00	\$1.83	\$2.15	\$0.00	\$2.75	N/A	N/A	N/A
	CMA Allowed Per Diem (After Growth Allowance Add-on)	l.n 14 + l.n 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 19 C	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	Ln 16 x Ln 17 RS = Ln 18, AllOlhr = Ln 16	\$151,53	\$79.07 \$79.07	\$0.00	\$15.55	\$18.22	\$0.00	\$23.31	\$3.93	\$9.26	\$2.19
	andando Dan Diana Add an Amaninta											
1	arterly Per Diem Add-on Amounts	(see Policy Manual)	\$1,16	\$0,53	\$0.00	50.77	50.41	\$0.00	60.00		en oo	
1	ifficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) IMS Add-on Per Diem = 1,0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0,00	\$0,00		\$0.00	
	lurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvs)	Ln 19 Cal b x Sting Add-on	\$1.58	\$0.79 \$1.58								
1	dursing Home Provider Fee	(Fixed Amount)	\$1.30	\$1.50					\$17,10			
	otal 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
	arterly 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 Qu	arterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$116.30					<u> </u>	<u> </u>	i		

Provider: Bostick Nursing Center Prvdr ID: 003192286A H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:			Data and Percentages Growth Allowance: BIMS; te Day/Quality Incentive:	25.3%	Add-on Percent 13.37% 1.0% 2.0%	*	Quarter	x (CMI) Data riod Overall CMI rly Medicaid CMI G 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 b	Special Services c	Dietary	Laundry & Houskpng e	Plant Operatns & Maint f	Admin and General	A&G- GL-PL Insurance	Property and Related h	Taxes and Insurance
CASE MIX BASED RATE CALCULATIONS Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 95% of Std Growth Allowance 13.4% CMA Allowed Per Diem (After Growth Alowance) 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% to Routine Srvs) 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	\$150.04 \$16.97 \$170.76 \$198.29 \$1.05 \$2.09 \$17.10 \$20.24	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53 \$71.51 \$67.93 \$9.08 \$77.01 1.3575 \$104.54 \$104.54	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.00	2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22 \$18.41 \$17.49 \$2.34 \$19.83	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41 \$23.09 \$21.94 \$2.93 \$24.87	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$20.56 \$19.53 \$2.61 \$22.14 \$22.14		\$20.20 \$20.20 \$20.20 (FRV Rate) \$20.20	\$2.95 \$2.95 \$2.95 \$2.95
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										7=:30

1	Provider: Brentwood Health & Rehab Prydr ID: 00140071A Case Mix Per Diem Rate Effective Date; MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020		owth Allowance: Qtrty BIMS score	34.9%	Add-on Percent 13,37% 2,5% 3.0%	*******	Quarterly	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1,3764 1,2883 1,3071	State- wide 1.3617 1.5138 1.5405
Line #	Description	Sources / Calculations	Totals a	Routine Services b	Special Services c	Dietary	Laundry & Houskping	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
С	CASE MIX BASED RATE CALCULATIONS	Transferio (1964), este esta participativa de la esta esta esta esta esta esta esta est	1.2.2. mil. 1 6 1 4.1 52 4.2.			Press, Disease	е	10 mm 1 mm 1	g	g	here here	<u>1</u>
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 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85,0% 100,0% \$0,41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											74.74.ma
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Cost Center Costs After Audit Adjustments	FY12 C/R Audit Adjstmts FY12 Audited C/R	(\$20,888)	\$0	\$0	(\$1,811)	\$0	\$0	(\$20,888)		(\$24,531)	\$26,342
8	Total Nursing Facility Days As Filed Days = 35,080	FY12 Audited C/R Days	\$4,579,092	\$2,498,293	\$0	\$461,469	\$217,890	\$306,183	\$559,231	\$98,535	\$411,149	\$26,342
"	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,533	FY 18 GL-PL Ins Rot Days	35,080									
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srycs	Ln 7/Ln 8 Cola	\$130,66	\$71,22	\$0.00	\$13,15	\$14.94	(with L&H)	\$15.94	33,533 \$2.94	644 70	\$0.75
10	Base Period Facility Case Mix Index for All Residents	from 4 gtrs of FY12	\$150,00	1.3764	\$0.00	\$13.15	\$14.54	(Witti Lari)	\$15,94	\$2.94	\$11.72	\$0,75
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	៤១ / ៤១ 10		\$51.75								
12	1, '	RS = £n 11. AllOthr = Ln 9		\$51.75	\$0.00	\$13.15	\$14.94		\$15.94	\$2.94	\$11.72	\$0.75
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	\$0,15
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	\$0.75
											(FRV)	73
15	Quarterly Per Diem Rate Prior to Add-ons	La 44 o Cardo Albres 67		***	****							
16	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc % Ln 14 + Ln 15	\$12.81	\$6,92	\$0.00	\$1.76	\$2.00	\$0.00	\$2.13	N/A	N/A	N/A
17	CMA Allowed Per Diem (After Growth Allowance Add-on) Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$121.84	\$58.67	\$0,00	\$14.91	\$16.94	\$0.00	\$18.07	\$2.94	\$9,56	\$0.75
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		<u>1,3071</u> \$76,69								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlhr = Ln 16	\$139.86	\$76.69	\$0.00	\$14.91	\$16.94	\$0.00	\$18,07	\$2.94	\$9.56	\$0.75
				• • • • • • • • • • • • • • • • • • • •	•		*****	4-,	4,2,2,	42.51	\$0.00	00,0
20	Quarterly Per Diem Add-on Amounts 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	*****			
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.53	\$0.93 \$1.92	\$0,00	\$0.22	\$0.41	\$0,00	\$0.37		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Sives)	Ln 19 Col b x Sting Add-on	\$2.30	\$2,30								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	\$2,00					\$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						l			

1	rovider: Brian Center of Canton ovdr ID: 00140643A Case Mix Per Diem Rate Effective Date; MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020		owth Allowance: htrly BIMS score	33.3%	Add-on Percent 13.37% 2.5% 3.0%			d Overall CMI Medicald CMI	:	Facility <u>Specific</u> 1.3878 1.6373 1.6655	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
1.00			a di la	ь	C	d	and the entire of	(Pagingary	in right	g	ernesse h na erisa	Adam Liver
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2 3 4	Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90,0% 100,0% \$0,53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpl	\$5,470,098	\$2,676,697	\$O	\$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	1	\$0	\$0	(\$56,373)		(\$45,153)	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,411,103	\$2,676,248	\$0	\$484,818	\$231,953	\$298,054	\$1,007,685	\$8,255	\$661,110	\$42,980
8	Total Nursing Facility Days As Filed Days = 34,595	FY12 Audited C/R Days	34,595								·	
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,839	FY 18 GL-PL Ins Rpt Days								32,839		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.74								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$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
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14.12	\$7.45	\$0.00	\$1.87	\$2.05	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$133.63	\$63,19	\$0.00	\$15.88	\$17.37	\$0.00	\$23,31	\$0.25	\$12.39	\$1,24
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6655			*****	1	4		\$12.00	V1,2,-
18	Ortrly Routine Srycs 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
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x ,75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	S0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.63	\$2.63		1	#30-41	\$2.00	\$5,50		\$3.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Strng 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	 	\$17.78	\$0.00	\$40.41	\$0.25	\$12,39	\$1.24

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$136.97

(Ln 25 - Ln 23) * 0,75

Provider: Briar	rwood Health & Rehab Center		Add-on Data and Percentages	Facility Score N/A	Add-on Percent 13,37%	Case Mix Index (CMI) Data	Facility Specific	State- wide	
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020 06/30/20	Qtry BIMS score Nurse Hours per On-Site Day/Quality Incentive:	49.2% 3.99	5.5% 2.0%	Base Period Overall CMI: Quarterly Medicaid CMI: Qrtrly Meaid CMI w RUG Wght Options:	1.6087 1.8482 1.8830	1,3617 1,5138 1,5405	
			agidi, degetane megia dili vitadi ili 1900 esc		Section of	I considerate a la managementation de la considerate del considerate de la considerate de la considerate de la considerate de la considerate de la considerate de la considerate de la considerate de la considerate de la considerate de la considerate de la considerate de la considerate de la considerate de la considerate de la considerate de la considerate de la considera			1

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
C	LASE MIX BASED RATE CALCULATIONS		8	2553 bustes	C	100 d	yrinese i e meniliji	\$39.00 f \$55.55	g	in a grant	iden projek h aviskihen	Bereda I serve.
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 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90,0% 100,0% \$0,22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Stycs 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 Realiocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$34,340)	(\$19,883)	\$0	\$0	(\$226)	(\$318)	(\$13,528)		(\$88,674)	\$88,289
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,563,015	\$3,365,708	\$0	\$533,518	\$186,404	\$261,632	\$891,301	\$4,493	\$231,670	\$88,289
8	Total Nursing Facility Days As Filed Days = 34,672	FY12 Audited C/R Days	34,672									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,336	FY 18 GL-PL ins Rpt Days								34,336		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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		<u>1,6087</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.34								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0,00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or En 13	\$122.80	\$60,34	\$0.00	\$15,39	\$12.92		\$20,56	\$0.13	10,91	\$ 2.55
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14.61	\$8.07	\$0.00	\$2.06	\$1.73	\$0.00	\$2,75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$137.41	\$68,41	\$0.00	\$17.45	\$14.65	\$0.00	\$23.31	\$0,13	\$10.91	\$2.55
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8830					İ		·	
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$128.82								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOlhr = Ln 16	\$197.82	\$128.82	\$0.00	\$17.45	\$14.65	\$0.00	\$23.31	\$0,13	\$10.91	\$2.55
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0,53	\$0.00	\$0.22	\$0,41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	En 19 Col b x CPS Add-on	\$7.09	\$7.09	\$0.00	\$0.22	90,41	\$0.00	\$0.00		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2,58	\$2.58								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	72.00					\$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						1	L		<u> </u>

Facility Add-on Facility State-Brightmoor Health Care, Inc. Add-on Data and Percentages Score Percent Case Mix Index (CMI) Data <u>Specific</u> wide Prvdr ID: 00140412A Growth Allowance: N/A 13.37% Base Period Overall CMI: 1.2636 1.3617 Case Mix Per Diem Rate Effective Date; 10/1/2020 Qtrly BIMS score 26.3% 1.0% Quarterly Medicaid CMI: 1.6959 1.5138 MDS & Nurse Hrs Data per Quarter Ending: 06/30/20 Nurse Hours per On-Site Day/Quality Incentive: 5,09 3.0% Ortrly Moaid CMI w RUG Wght Options: 1.7282 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
-	ACC MY DACED DATE ON OUR ATTOMO		a	ь	C	d	William en union	(100 (10 ft 100 (10)	g	g	garaga a h ata, ayaya	28500 1 2556
=	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Mulliplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90,0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,813,583	\$4,506,439	\$0	\$1,057,822	\$586,219	\$718,825	\$885,109	\$94,658	\$964,511	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$123,908)	(\$85,852)	\$0	\$53,721	(\$24,441)	(\$13,619)	\$19,202		(\$160,912)	\$87,993
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,689,675	\$4,420,587	\$0	\$1,111,543	\$561,778	\$705,206	\$904,311	\$94,658	\$803,599	\$87,993
8	Total Nursing Facility Days As Filed Days = 47,752	FY12 Audited C/R Days	47,752									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 46,147	FY 18 GL-PL Ins Rpt Days								46,147		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7/Ln 8 Col a	\$182.04	\$92.57	\$0,00	\$23.28	\$26,53	(with L&H)	\$18.94	\$2.05	\$16.83	\$1,84
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.2636</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.26								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS ≈ Ln 11, AilOthr ⇒ 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 Srvcs)	per Peer Group Limits		\$71.51	\$0,00	\$18.41	\$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	\$1.84
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
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)	£n 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		,	•		1	72	*10.00	41.51
18	Ortrfy Routine Srvcs 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
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.37	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	en 27		***	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.40	\$1.40	\$0.00	\$0,00	\$0.00	\$0,00	\$0.37		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvs)	Ln 19 Col b x Sifna Add-on	\$4.20	\$4,20								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	47 ,20					\$17.10			
24	Total Quarterly Per Diern Add-on Amounts	Sum of Lns 20 thru 23	\$23.07	\$5.60	\$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	\$254.59	\$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					, ,,,,,		,		7.300	7
20	Controlly Fer Dient Nate for Ded Hold afte Leave Days	(LN 23 - LN 23) U.73	\$178.12									

	rovider. Brown Health and Rehab	Ad	d-on Data and P	ercentages dh Allowance:	Facility Score N/A	Add-on Percent 13,37%	Cas	e Mix Index (C	CMI) Data		Facility Specific 1,3805	State- wide 1,4014
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:		Qtr	ly BIMS score		2.5% 3.0%	Ortrly Moaid	Quarterly I	Medicaid CMI: Wght Options:		1,3803 1,3873 1,4120	1,5138 1,5405
Line	Description	Sources <i>I</i> Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	CASE MIX BASED RATE CALCULATIONS		00,550,7 8 (00,555)		en ide	ijing d isem	e	eeer filtery	ing a girmen	Migriphy 22	h ::	
1	Cost Center Peer Groups							_				
'	Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0% 100.0%	85,0% 100.0%		50.0% 105.0%			
1		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0,41		\$0.37			1
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srycs 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 Adistmls	(\$615,487)	\$3,004,712	\$0 \$0	\$020,337	\$404,220	\$304,919	(\$615,487)	\$137,030	(\$14,918)	\$14,918
7	Cost Center Costs After Audit Adjustments	12/31/14 Audiled C/R	\$5,771,454	\$3,084,712	\$0	\$620,357	\$404,220	\$304,919	\$774,814	\$137,630	\$429,884	\$14,918
8	Total Nursing Facility Days As Filed Days = 37,086	12/31/14 Audited C/R Days	37,086			·				,		
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,079	FY 18 GL-PL Ins Rpt Days								38,079		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	£n 7 / Ln 8 Col a	\$155.52	\$83,18	\$0.00	\$16,73	\$19.12	(with L&H)	\$20.89	\$3.61	\$11.59	\$0.40
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.3805								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.25								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$60.25	\$0,00	\$16.73	\$19.12		\$20.89	\$3.61	\$11.59	\$0.40
13	Per Diern Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$73.31	\$0,00	\$30.41	\$23.55		\$24.02		N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$138.59	\$60.25	\$0.00	\$16.73	\$19.12		\$20.89	\$3.61	17,59	\$0.40
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Allwnc %	\$15.65	\$8,06	\$0.00	\$2.24	\$2.56	\$0.00	\$2.79	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	£n 14 + Ln 15	\$154.24	\$68,31	\$0.00	\$18.97	\$21.68	\$0.00	\$23.68	\$3.61	\$17,59	\$0.40
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.4120</u>								
18	Qrtrly Routine Srvcs 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	\$182,38	\$96,45	\$0.00	\$18.97	\$21.68	\$0.00	\$23.68	\$3.61	\$17,59	\$0.40
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	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 Srvcs)	Ln 19 Col b x Strng Add-on	\$2,89	\$2.89								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17,10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23,93	\$5,83	\$0.00	\$0.22	\$0.41	\$0.00	\$17,47	\$0,00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$206.31	\$102.28	\$0.00	\$19.19	\$22.09	\$0.00	\$41.15	\$3.61	\$17.59	\$0.40
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$141.91									

1	rovider. Brown's Healthcare rvdr ID: 00140434A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020		owth Allowance: htty BIMS score	Facility Score N/A 27.5% 2.91	Add-on Percent 13.37% 1.0% 2.0%			d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.4535 1.6299 1.6597	State- wide 1.3617 1.5138 1.5405
Line #	Description	Sources I Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
				b	***** c *******	d	е	ngg ger () s aaas	in ingini	iji ya giliyati	Daden h	1.
<u> </u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility wilthin Peer Group Bed Size Range wilthin Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	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 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90,0% 100,0% \$0.22	85.0% 100.0% \$0.41		50,0% 105,0% \$0,37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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	so
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	\$63,322	\$D	\$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 Srvcs	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		<u>1.4535</u>								
11	Routine Srycs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$39.15								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$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 <i>(FRV</i>)	\$0.92
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13.37%	Ln 14 x Greth Allenc %	\$11,58	\$5.23	\$0.00	\$1.62	\$1,98	\$0.00	\$2.75	AUG	be/a	b1fA
16	CMA Allowed Per Diern (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$110.74	\$3.23 \$44.38	\$0.00	\$13,75	\$1,96 \$16.77	\$0.00	\$2.75	N/A \$0.62	N/A \$10,99	N/A \$0.92
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	•	1.6597	\$5.00	\$10,15	\$10.77	\$0.00	920,01	\$0.02	\$10.99	⊅ U.9∠
18	Ortrly Routine Srvcs 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
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1,16	\$0,53	\$0.00	\$0.22	\$0,41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	En 19 Col b x CPS Add-on	\$0.74	\$0.74								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	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 + En 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									

1	Provider: Bryan County Health & Rehab Ctr	_	Add-on Data and		Facility Score	Add-on Percent	Ca	se Mix Index ((Facility Specific	State- wide
۲	rvdr ID: 00715569A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020 06/30/20 Nurse Hours p		owth Allowance: Otrly BIMS score Quality Incentive:		13.37% 5.5% 2.0%	Ortrly Mcaid	Quarterly	d Overall CMI: Medicaid CMI: Wght Options:		1,3338 1,6902 1,7236	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
			а	ь	C	d	е	institut (g	g	h	1900 A
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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	s
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$117,398)	\$7,257	\$0	\$0	\$0	\$0	(\$114,275)		(\$63,432)	\$53,05
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	\$53,05
8	Total Nursing Facility Days As Filed Days = 35,129	FY12 Audited C/R Days	35,129									
	Total Nursing Facility Days GL-PL Ins, Rpt As Filed Days = 33,801	FY 18 GL-PL Ins Rpt Days								33,801		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	l.n 7 / l.n 8 Col a	\$132.56	\$72,42	\$0.00	\$18.86	\$18.86	(with L&H)	\$13.48	\$3.76	\$3.67	\$1.5
10	Base Period Facility Case Mix Index for All Residents	from 4 gtrs of FY12		<u>1.3338</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$54.30								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$54,30	\$0,00	\$18.86	\$18.86		\$13.48	\$3.76	\$3.67	\$1.5
13	Per Diem Standards (After Statewide CMA for Routine Sivcs)	per Peer Group Limits		\$71.51	\$0,00	\$18.41	\$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	\$1.5
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14.04	\$7.26	\$0.00	\$2.46	\$2.52	\$0.00	\$1.80	N/A	N/A	l 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	\$1.5
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7236	*	7/		75.55	775,22	V 5,115	410.00	1
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106,10								1
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	\$1.5
	Quarterly Per Diem Add-on Amounts											1
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1,31	\$0,53	\$0.00	\$0.00	\$0,41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$5.84	\$5,84								1
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.12	\$2.12								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			1
24	Total Quarterly Per Diem Add-on Amounts	Sum of Ens 20 thru 23	\$26.37	\$8,49	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.0
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$208,30	\$114.59	\$0.00	\$20.87	\$21.79	\$0.00	\$32.75	\$3.76	\$13.03	\$1.5

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$143.40

(Ln 25 - Ln 23) * 0.75

Provide Prvdr II			Add-on Data and Gr	Percentages	Facility Score N/A	Add-on Percent 13.37%	Cas	se Mix Index (C	CMI) Data	•	Facility Specific 1.1714	State- wide 1.3617
	Case Mix Per Diem Rate Effective Date; MDS & Nurse Hrs Data per Quarter Ending;	10/1/2020 06/30/20 Nurse Hours p		Qtrly BIMS score		1.0% 3.0%	Qrtrly Mcaid		Medicaid CMI:	:	1.4811 1.5076	1.5138 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
			а	b	c	gerad and	е	[300] f (300)	g	g	, in the second	
CASE	MIX BASED RATE CALCULATIONS											
1 Cos	t Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)	TO THE THE THE THE THE THE THE THE THE THE	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	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 Pe 3 Pe	r Group Standards & Efficiency Measure Limits eer Group Standards: Percentile eer Group Standards: Multiplier ficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105,0% \$0,37			
Base	e Period Per Diem Allowed Amounts											
5 As	Filed Cost Center Costs (Routine & Special Srvcs 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 Au	dit 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 Co	ost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,902,801	\$1,705,867	\$0	\$368,762	\$203,098	\$228,865	\$333,452	\$29,270	\$15,495	\$17,992
8	Total Nursing Facility Days As Filed Days = 26,257	FY12 Audited C/R Days	26,257									
1	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,472	FY 18 GL-PL Ins Rpt Days								25,472		
9 Ne	et Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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
1	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.1714</u>								
i	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.46								
	et Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$55.46	\$0.00	\$14.04	\$16.45		\$12.70	\$1,15	\$0.59	\$0.69
	r Diem Standards (After Statewide CMA for Routine Srycs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20,56	\$0.00	N/A	
14 Ba	ise 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	\$0.69
Quai	rterly Per Diem Rate Prior to Add-ons										(FRV)	
15 Gr	owth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$13.20	\$7.42	\$0.00	\$1.88	\$2.20	\$0.00	\$1.70	N/A	N/A	N/A
1	AA 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
	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.5076</u>								
1	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.80								
19 Qu	arterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$153,25	\$94.80	\$0.00	\$15.92	\$18.65	\$0,00	\$14.40	\$1.15	\$7.64	\$0.69
Quar	rterly Per Diem Add-on Amounts											
	iciency 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	1	\$0.00	
21 BIN	MS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.95	\$0.95								
22 Nu	rse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	En 19 Col b x Sting Add-on	\$2.84	\$2.84							***************************************	
- 1	rsing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24 Tot	tal 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 Quar	rterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$175.67	\$99.12	\$0,00	\$16.14	\$19.06	\$0.00	\$31.87	\$1.15	\$7.64	\$0.69
26 Quar	rterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$118.93	l		·			•	<u></u> 1		

FINAL

Provider: Budd Terrace At Wesley Woods Prvdr ID: 003167547A H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/01/20 06/30/20 Nurse H		ata and Percentages Growth Allowance: BIMS: e Day/Quality Incentive:	Facility Score N/A 28.0% 9.74	Add-on Percent 13.37% 1.0% 3.0%		Quarter	c (CMI) Data iod Overall CMI; ly Medicaid CMI; G Wght Options;		Facility Specific Use Stwd 1.2969 1.3167	State- wide 1.3617 1.5138 1.5405
Line Description #	Sources / Calculations	Totals a	Routine Services b	Special Services c	Dietary d	Laundry & Houskpng e	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related h	Taxes and Insurance
CASE MIX BASED RATE CALCULATIONS							***************************************				1
Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits			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			
Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons			90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85,0% 100,0% \$0,41		50.0% 105.0% \$0.37			
GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt								\$167,948.00 64,706		
Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 90% of Std Growth Allowance 13.37%	FY 2012 Peer Group Limit	\$158.96 \$16.07	\$71.51 \$64.36 \$8.60		\$18.41 \$16.57 \$2.22	\$23.09 \$20.78 \$2.78		\$20.56 \$18,50 \$2,47		\$36.35 \$36,35	
CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem		\$155.22	\$72.96 <u>1.3167</u> \$96.07		\$18.79	\$23.56			\$ 2.60	13.94 (FRV Rate)	\$2.40
Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 1.0% to Routine Srvs)		\$178.33 \$0.96	\$96.07 \$0.96		\$18.79	\$23.56		\$20.97	\$2,60	\$13.94	\$2.40
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts		\$2.88 \$17.10 \$20.94	\$2.88					17,1			
Quarterly Case Mix Based Per Diem Rate		\$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										

1	Provider: Calhoun Health Care Center Prvdr ID: 00140577A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020		owth Allowance: Itrly BIMS score	Facility Score N/A 34.4% 3.32	Add-on Percent 13.37% 2.5% 3.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI; Wght Options;		Facility <u>Specific</u> 1.3183 1.6328 1.6644	State- wide 1,3617 1,5138 1,5405
Line #		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	C C	d	<u></u>	Pigrating F reeziget	g	g	idile gir h errorigi	gerin ja in i nia etak
_ <u>C</u>	CASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			***************************************
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			ALCA MILLIANA AND AND AND AND AND AND AND AND AND
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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		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 Srvcs	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		from 4 qtrs of FY12		<u>1.3183</u>								
11	, , , , , , , , , , , , , , , , , , , ,	Ln 9 / Ln 10		\$48.37								
12		RS = Ln 11, AllOthr = Ln 9		\$48.37	\$0.00	\$14.61	\$17,93		\$15.76	\$3.73	\$7.30	\$0.57
13	,	per Peer Group Limits		\$71.51	\$0,00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	į
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	\$0.57
	Quarterly Per Diem Rate Prior to Add-ons			***************************************							(FRV)	
15	•	Ln 14 x Grwth Allwnc %	\$12.93	\$6.47	\$0.00	\$1.95	\$2.40	\$0.00	\$2.11	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$121.34	\$54.84	\$0,00	\$16.56	\$20.33	\$0,00	\$17.87	\$3,73	\$7.44	\$0.57
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.6644</u>								
18	Ortriy Routine Srvcs 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
	Quarterly Per Diem Add-on Amounts											
20	1	(see 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 Srvs)	Ln 19 Col b x CPS Add-on	\$2.28	\$2.28	72.25	¥=		40.00	40.01		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting 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	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$181.43	\$96.83	\$0.00	\$16.78	\$20.74	\$0.00	\$35,34	\$3.73	\$7.44	\$0.57
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0,75	\$123.25			L				I	1	i

1	Provider: Calhoun Nursing Home Prvdr ID: 00140478A Case Mix Per Diem Rate Effective Date; MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020		owth Allowance; Utrly BIMS score	47.8%	Add-on <u>Percent</u> 13.37% 5.5% 3.0%		Quarterly	CMI) Data d Overall CMI: Medicaid CMI; Wght Options;		Facility <u>Specific</u> 1.2873 1.8276 1.8629	State- wide 1.3617 1.5138 1.5405
Line #		Sources <i>f</i> Calculations	Totals a	Routine Services b	Special Services	Dietary d	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
С	CASE MIX BASED RATE CALCULATIONS		es ej system el get a e egye	prospers Designation	ing parties (Company)			0.000 T .446.5	g	ġ	<u> pagaming h i pagina</u>	. 44 4 000
1		(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 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0,53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5		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 Cost Center Costs After Audit Adjustments	FY12 C/R Audit Adjstmts FY12 Audited C/R	(\$30,402) \$2,547,506	\$171,759 \$1,163,991	\$0 \$0	\$38,558 \$397,998	(\$3,482) \$236,026	\$5,216	(\$233,627)	000 750	(\$17,027)	\$8,201
8	1	FY12 Audited C/R Days	17,931	\$1,100,991	ŞU	\$391,390	\$230,026	\$164,234	\$451,954	\$90,750	\$34,352	\$8,201
ľ	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,632	FY 18 GL-PL ins Rpt Days	11,331							21,632		
9		Ln 7/Ln 8 Cola	\$141.23	\$64,92	\$0.00	\$22.20	\$22.32	(with L&H)	\$25.21	\$4.20	\$1,92	\$0,46
10		from 4 qtrs of FY12	\$171.25	1.2873	40.00	422.2 0	QLL.UL	(**************************************	Ψ20.21	\$ 7.20	\$1,52	\$5,40
11		Ln 9/Ln 10		\$50,43								
12	1 ' ' '	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 Srvcs)	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	\$0,46
											(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$15.44	\$6.74	\$0.00	\$2.97	\$2,98	\$0.00	\$2,75	N/A	N/A	NVA
16	1	Ln 14 + Ln 15	\$149.75	\$57.17	\$0.00	\$25,17	\$25.30	\$0.00	\$2.75	\$4,20	\$14.14	N/A \$0.46
17		per Current Qtr End	\$170.70	1.8629	\$ 0.00	\$2.5,17	920.00	\$0.00	\$20.01	\$4,20	\$14.14	\$0.40
18	1	Ln 16 x Ln 17		\$106.50								
19		RS = Ln 18, AliOlhr = Ln 16	\$199.08	\$106.50	\$0.00	\$25,17	\$25.30	\$0.00	\$23.31	\$4.20	\$14.14	\$0.46
												,
20	Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1,16	\$0.53	\$0.00	60.00	\$0.41	60.00	00.00		40.00	
21		Ln 19 Col b x CPS Add-on	\$5.86	\$5.86	\$0.00	\$0.22	\$0.41	\$0,00	\$0,00		\$0.00	
22	***************************************	Ln 19 Col b x Sting Add-on	\$3.00	\$3.20								
23		(Fixed Amount)	\$17,10	40.20					\$17.10			
24	1 -	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		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			ı <u>l</u>	······································		<u> </u>	l		
L			L									

1	amellia Gardens of Life Care 0366341A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020		owth Allowance: Itrly BIMS score	Facility Score N/A 31.3% 4.33	Add-on Percent 13,37% 2.5% 2.0%		Quarterly !	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1,3243 1,3332 1,3517	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
<u> </u>			а	:::::::::::::b::::::::::::::::::::::::	ener Corpe	EI-BACKER	vyski e	mayer f mayer	g	g	tergrappine h en lager	1.1. 1.
CASE MIX E	BASED RATE CALCULATIONS											
Туре	r Peer Groups of Facility within Peer Group Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	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 Grou 3 Peer Grou	o Standards & Efficiency Measure Limits up Standards: Percentile up Standards: Multiplier Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Base Period	d Per Diem Allowed Amounts											
	Cost Center Costs (Routine & Special Srvcs 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
i E	istments 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 Cente	er 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 Nu	ursing Facility Days As Filed Days = 27,555	FY12 Audited C/R Days	27,555									
Total Nu	ursing Facility Days GL-Pt. Ins. Rpt As Filed Days = 27,513	FY 18 GL-PL Ins Rpt Days								27,513		
9 Net Per Di	iems prior to Case Mix Adjstmt to Routine Srvcs	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 Pe	eriod Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3243								
11 Routine	Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54,98								
12 Net Per Di	iems after Case Mix Adjstmt to Routine Srvcs	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 S	Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14 Base Perio	od 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	\$1.08
Quarterly Pe	er Diem Rate Prior to Add-ons										(FRV)	
-	lowance Percentage = 13.37%	Ln 14 x Grwth Aliwnc %	\$14.58	\$7.35	\$0.00	\$2.26	\$2.22	\$0.00	\$2.75	N/A	N/A	N/A
16 CMA Allow	wed Per Diern (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 Quarteri	ty Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.3517</u>								
18 Ortrly Re	loutine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$84.25								
19 Quarterly N	Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlhr = Ln 16	\$157.09	\$84.25	\$0,00	\$19.20	\$18.85	\$0.00	\$23.31	\$2,31	\$8.09	\$1.08
Quarterly Pe	er Diem Add-on Amounts								Andrew Property Co.			
1 1 -	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	
1 1	I-on Per Diem = 2.5% (to Routine Srvs)	La 19 Col b x CPS Add-on	\$2.11	\$2.11			, , , , , ,				-3,	
22 Nurse Staf	ff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Sives)	Ln 19 Cal b x Stfng Add-on	\$1,69	\$1.69								
23 Nursing Ho	ome Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24 Total Quar	rterly 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 Ca	ase 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 Pe	er Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$121.54						***************************************			

	rrovider. Camellia Hlth & Rehab		Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 13.37%	Cas	se Mix Index ((CMI) Data	-	Facility Specific 1,3516	State- wide 1,3617
	Case Mix Per Diem Rate Effective Date MDS & Nurse Hrs Data per Quarter Ending			Itrly BIMS score	55.1%	5.5% 3.0%	Ortrly Meale		Medicaid CMI:		1.5212 1.5469	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
11.11.			а	b	- C	a espada de la composición	Tent (#• - 1997)	tana farag	g	g	1473/2014 (Philippe) 1232	gar er i te
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Stycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,026,940	\$1,592,432	\$0	\$345,008	\$167,289	\$228,586	\$436,294	\$100,435	\$156,896	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$33,919)	\$0	\$0	(\$1,817)	\$0	so	(\$33,919)		(\$16,377)	\$18,194
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,993,022	\$1,592,432	\$0	\$343,191	\$167,289	\$228,586	\$402,375	\$100,435	\$140,519	\$18,194
8	Total Nursing Facility Days As Filed Days = 22,188	FY12 Audited C/R Days	22,188									-
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,848	FY 18 GL-PL tos Rpt Days								23,848		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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		<u>1.3516</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53,10								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOlhr = 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 Stvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23,09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$118.19	\$53,10	\$0.00	\$15.47	\$17.84		\$18,13	\$4.21	8.62	\$0.82
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwirc %	\$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)	£n 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	Qrtrly Routine Srvcs 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
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Strid - 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 Srvs)		\$5.12	\$5,12	56						15.50	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Sives)	Ln 19 Col b x Sting 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			1				1		

}	rovider: Candler Hospital Sub-Acute Unit	<u></u>	Add-on Data and Gr	Percentages	Facility Score N/A	Add-on Percent 13.37%	Cas	se Mix Index (0 Base Perio	CMI) Data d Overall CMI:		Facility Specific 2.3318	State- wide 1.3617
	Case Mix Per Diem Rate Effective Dat MDS & Nurse Hrs Data per Quarter Endin		er On-Site Day/C	triy BIMS score tuality Incentive:		0.0% 0.0%	Qrtrly Moaid	Quarterly CMI w RUG	Medicaid CMI: Wght Options:		2.3160 2.3620	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	Properly and Related	Taxes and Insurance
23,77			real areas	(3.5.555; b 15.555)	С	9,69 .d (19)	307 10 e 20 1945.	::::::::: f .:::::::::::::::::::::::::::	g	nesteri g e ende	- /	nar Wie
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90,0% 100,0% \$0,53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0,41	**************************************	50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$1,470,516	\$639,844	\$0	\$65,806	\$57,730	\$95,218	\$352,979	\$7,493	\$251,446	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$10,246)	\$0	\$0	\$0	\$0	\$0	(\$10,246)		(\$5,552)	\$5,552
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$1,460,270	\$639,844	\$0	\$65,806	\$57,730	\$95,218	\$342,733	\$7,493	\$245,894	\$5,552
8	Total Nursing Facility Days As Filed Days = 3,234	FY12 Audited C/R Days	3,234									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 2,890	FY 18 GL-PL Ins Rpt Days								2,890		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$84.85								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	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
	Quarterly Per Diem Rate Prior to Add-ons										(211.4)	
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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		2.3620								
18	Ortrly Routine Srvcs 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
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x ,75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0,00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs	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 Srvcs)	Ln 19 Col b x Stfng Add-on	\$0.00	\$0.00								
23	Nursing Hame Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.32	\$0.00	\$0,00	\$0,22	\$0.00	\$0.00	\$17,10	\$0,00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$309.10	\$191.49	\$0.00	\$23.29	\$26.18	\$0.00	\$40.41	\$2.59	\$23.42	\$1.72
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0,75	\$219.00									,

	rovider: Canton Nursing Center, Inc.	***************************************	Add-on Data and	Percentages	Facility Score N/A	Add-on Percent	Ca:	se Mix Index (6			Facility Specific	State- wide
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020 06/30/20 Nurse Hours p		Itrly BIMS score	68.0%	13.37% 5.5% 3.0%	Ortrly Meald	Quarterly	d Overali CMI: Medicaid CMI: Wght Options:		1,3680 1,2210 1,2363	1.3617 1.5138 1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	C	d	€ 155	6699 f	g	g	nersely halfandle	Arriver in
С	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100,0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Sives 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)	1 ' ' 1	(\$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 Srvcs	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		<u>1.3680</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54,68								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Stycs)	per Peer Group Limits		\$71.51	\$0,00	\$18.41	\$23.09		\$20,56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem Quarterly Per Diem Rate Prior to Add-ons	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
15	Growth Allowance Percentage = 13,37%	Ln 14 x Grwth Allwric %	\$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	\$5.00	1.5.50	423.10	\$5.00	1	40.04	\$13.50	Ų1,U3
18	Ortrly Routine Srvcs 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
	Quarterly Per Diem Add-on Amounts											
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 = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$4,22	\$4.22							13.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting 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		4				4	·		

State-

Facility

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

Facility

Add-on

Pr	ovider: Carrollton Manor, Inc.	_	Add-on Data and	l Percentages	Score	Percent	Cas	se Mix Index (CMI) Data	_	Specific_	wide_
Pr	vdr ID: 00140852A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:			owth Allowance; httly BIMS score quality Incentive;	N/A 38.8% 3.82	13.37% 2.5% 2.0%	Ortrly Moald		d Overall CMI Medicaid CMI Wght Options	:	1,3067 1,5271 1,5539	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	galam e iglaké	1920a f (1920	g	g	vices h is see	pagentier ge
<u>C/</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Ali Facilities Ali Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0,41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts	(acc t only manual)		ψ5.05	\$5.00	50.22	φυ, 4 1		\$0.57			
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$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)	1	(\$49,231)	\$36,365
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,456,428	\$2,326,179	\$0	\$598,067	\$318,471	\$208,010	\$616,229	\$122,627	\$230,480	\$36,365
8	Total Nursing Facility Days As Filed Days = 35,484	FY12 Audited C/R Days	35,484							,		
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,047	FY 18 GL-PL Ins Rpt Days	·							34,047		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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					1	,		
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50,17								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Stycs)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$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	\$1.02
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	i
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwlh 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								1
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.39								ĺ
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
	Quarterly Per Diem Add-on Amounts											Í
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 Srvs)	Ln 19 Col b x CPS Add-on	\$2.21	\$2.21								İ
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$1.77	\$1.77								İ
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			İ

\$22.61

\$182.28

\$123.89

\$4.51

\$92.90

\$0.00

\$0.00

\$0.22

\$19.32

\$0.41

\$17.23

\$0.00

\$0.00

\$17.47

\$37.16

\$0.00

\$3,60

\$0,00

\$11.05

\$0.00

\$1.02

Sum of Lns 20 thru 23

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

Total Quarterly Per Diem Add-on Amounts

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

25 Quarterly Case Mix Based Per Diem Rate

1	vider: Carrollton Nursing and Rehab Center dr ID: 00059661A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending;	10/1/2020		rth Allowance: ly BIMS score	29.6%	Add-on Percent 13,37% 1,0% 2,0%		Quarterly I	CMI) Data d Overall CMI; Medicaid CMI; Nght Options;		Facility <u>Specific</u> 1.3832 1.5243 1.5509	State- wide 1,4014 1,5138 1,5405
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	c	d ()	e	sees of greek	q	r Begenderten (die	h	estrici
CA	SE MIX BASED RATE CALCULATIONS									2. 2.2		
\sqcup	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 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90,0% 100.0% \$0,00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY 14 C/R - FY 18 GL-PL Rp	\$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 Adjstmts	(\$25,017)	\$5,938	\$0	\$0	(\$3,597)	(\$1,986)	(\$14,530)		(\$26,320)	\$15,478
7	Cost Center Costs After Audit Adjustments	FY14 Audited C/R	\$3,840,773	\$2,108,779	\$0	\$345,554	\$162,518	\$154,237	\$565,284	\$14,319	\$474,604	\$15,478
8	Total Nursing Facility Days As Filed Days = 21,792	FY14 Audited C/R Days	21,792									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,303	FY 18 GL-PL Ins Rpt Days								40,303		
9	Net Per Diems prior to Case Mix Adjstrnt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$175.96	\$96.77	\$0.00	\$15,86	\$14,54	(with L&H)	\$25.94	\$0.36	\$21.78	\$0.71
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY10		1.3832								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69,96								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$73.31	\$0,00	\$19.52	\$23,55		\$24.02	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln. 12 or Ln. 13	\$133,45	\$69.96	\$0,00	\$15,86	\$14.54		\$24.02	\$0.36	8.00 (FRV)	\$0.71
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13.4%	£n 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	\$9.33 \$79.31	\$0.00	\$2.12	\$1.54 \$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	\$155.01	1.5509	ψ0,00	\$11,50	910,40	50,00	921.23	φυ.30	\$0.00	φυ./ 1
18	Qrtrly Routine Srvcs 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
(Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0,41	\$0,00	\$0,00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.23	\$1.23								
22	Nurse Staff Hrs / Quality Add-on Per Diern = 2.0% (to Routine Srvcs)	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	\$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 0	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$148.96									

- [rovider: Cartersville Heights Care and Rehab rvdr ID: 00143085A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020 06/30/20 Nurse Hours	-	owth Allowance: Itrly BIMS score	24.1%	Add-on <u>Percent</u> 13,37% 1.0% 2.0%	Case Mix Index (CMI) Data Base Period Overall CMI: Quarterly Medicaid CMI: Qurtrly Medicaid CMI w RUG Wght Options:				Facility <u>Specific</u> 1,5517 1,5703 1,5983	State- wide 1.3617 1.5138 1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
1.7.			a a a a a a a a a a a a a a a a a a a	b	i C	d	e	15,000 (13),300	g	g	20020007 h 2012207	territy for an
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90,0% 100,0% \$0,00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL R	pt \$5,797,818	\$2,723,918	\$0	\$556,988	\$201,428	\$349,287	\$1,192,274	\$89,044	\$684,879	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$446,219)	(\$167,884)	\$0	(\$8,600)	\$21,477	(\$43,246)	(\$248,121)		(\$29,349)	\$29,504
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,351,599	\$2,556,034	\$0	\$548,388	\$222,905	\$306,041	\$944,153	\$89,044	\$655,530	\$29,504
8	Total Nursing Facility Days As Filed Days = 40,662	FY12 Audited C/R Days	40,662									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,774	FY 18 GL-PL Ins Rpt Days								41,774		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$40.51								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0,00	\$18.41	\$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
	Quarterly Per Diem Rate Prior to Add-ons										0.00	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwric %	\$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	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$73,41								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$141.87	\$73.41	\$0,00	\$15.29	\$14.75	\$0.00	\$23,31	\$2.13	\$12.25	\$0.73
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stad - 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 Srvs)	Ln 19 Col b x CPS Add-on	\$0.73	\$0.73								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting 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			• • • • • • • • • • • • • • • • • • • •			•			

ì	ider: Cedar Springs Health and Rehab Center r ID: 00140544A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:			Percentages DWIh Allowance: Atriy BIMS score	Facility Score N/A 22.4%	Add-on Percent 13,37% 1,0%	Cas		CMI) Data d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.5659 1.6801	State- wide 1.3617 1.5138
	MDS & Nurse Hrs Data per Quarter Ending:		er On-Site Day/C		8.83	3.0%	Qrtrly Mcaid		Wght Options:		1.7132	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskprig	Plant Operators & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			55/75(j :a 109/66)	b b	Contraction	o de la companya de l	е	f	g	g	loggiffer h aggarger	skatily i ky te
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sires			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adistmts	(\$57,612)	(\$6,757)	\$0	\$100,700	(\$1,390)	(\$7,287)	(\$49,254)	\$130,420	(\$15,507)	\$22,583
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,054,135	\$2,330,417	\$0	\$455,786	\$314,728	\$287,902	\$497,691	\$136,420	\$8,608	\$22,583
8	Total Nursing Facility Days As Filed Days = 32,082	FY12 Audited C/R Days	32,082					,,			**,***	4 2,2,000
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,152	FY 18 GL-PL Ins Rpt Days								24,152		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46,39								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Stress)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$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
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$12,68	\$6.20	\$0.00	\$1.90	\$2.51	\$0.00	\$2.07	N/A	N/A	N/A
16 17	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15 per Current Qtr End	\$122.09	\$52,59	\$0,00	\$16,11	\$21.29	\$0.00	\$17.58	\$5.65	\$8.17	\$0.70
18	Quarterly Facility Case Mix Index for Medicaid Residents Qrtdy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Lo 16 x Lo 17		1.7132								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$159.60	\$90.10 \$90.10	\$0,00	\$16.11	\$21.29	\$0.00	\$17,58	\$5.65	\$8.17	\$0.70
	Quarterly Per Diem Add-on Amounts											
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 Srvs)	Ln 19 Col b x CPS Add-on	\$0,90	\$0.90								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Sivcs)	Ln 19 Col b x Sting Add-on	\$2.70	\$2.70								i
23	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 + Lถ 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									

Provider: Prvdr ID:	, ,	10/1/2020		th Allowance: ly BIMS score	Facility Score N/A 29.4% 3.42	Add-on Percent 13.37% 1.0% 3.0%			l Overall CMI: Vedicaid CMI:		Facility <u>Specific</u> 1.4235 1.5989 1.6279	State- wide 1,4014 1,5138 1,5405
Line #	Description	Sources <i>I</i> 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	Ь		d	argestati e and DIR.	grap i eese	. g		<u>221(1</u> 1.2 h	ngit, sus
	MIX BASED RATE CALCULATIONS											
1 Cost	Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 Peel 3 Peel	Group Standards & Efficiency Measure Limits or Group Standards: Percentile or Group Standards: Multiplier ciency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Base	Period Per Diem Allowed Amounts											
5 As F	Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY 14 C/R - FY 18 GL-PL R	pt \$2,218,532	\$1,082,784	\$0	\$196,985	\$116,921	\$109,719	\$403,891	\$9,005	\$299,227	\$0
	it 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
1 1	t 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
1 1	otal Nursing Facility Days As Filed Days = 13,755	FY14 Audited C/R Days	13,755									
1 1	otal Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,887	FY 18 GL-PL Ins Rpt Days								28,887		
1 1	Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a from 4 ctrs of FY10	\$162.18	\$78.72	\$0.00	\$14,32	\$16,53	(with L&H)	\$30.28	\$0.31	\$20.97	\$1.05
1 1 -	rase Period Facility <u>Case Mix Index</u> for All Residents	irom 4 qus 01 F 110 Ln 9 / Ln 10		1.4235 \$55.30								
	coutine Srvcs Case Mix Adjstd (CMA) Net Per Diem Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$55.30 \$55.30	\$0.00	\$14.32	\$16,53		\$30.28	\$0.31	\$20.97	\$1.05
	Diem Standards (After Statewide CMA for Routine Stycs)	per Peer Group Limits		\$73.31	\$0.00	\$14.32	\$23,55		\$30.28	\$0.00	\$20.97 N/A	\$1.05
1 1	e Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$120,69	\$55.30	\$0.00	\$19.32	\$23.55 \$16.53		\$24.02	\$0.00	9.16	\$1.05
J4 Dase	e Period Case Wilk Adjusted Allowed Per Dietit	casses at the teat of the se	\$120.05	φ55.50	\$0.00	314.32	\$10.33		φ24.UZ	\$0.51	(FRV)	\$1.03
1 1	erly Per Diem Rate Prior to Add-ons											
1 1	wth 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
	A Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15 per Current Qtr End	\$135.41	\$62.69	\$0,00	\$16,23	\$18.74	\$0,00	\$27.23	\$0.31	\$9.16	\$1.05
	tuarterly Facility <u>Case Mix Index</u> for Medicaid Residents Intrly Routine Srycs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		1.6279 \$102.05								
	Interly 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
,,,	nary measure one visioned a profit		V117.11	\$102.03	Q 0.00	\$10.20	\$10.74	ψ0.00	Ψ21.20	40.51	43.10	V1.00
1 1	erly Per Diem Add-on Amounts											
1 1	ciency 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	
1 1	S Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.02	\$1.02								
1 1	se Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Cot b x Stfng Add-on (Fixed Amount)	\$3,06	\$3.06					\$17.10			
1 1	sing Home Provider Fee al Quarterly Per Diem Add-on Amounts	Sum of Ens 20 thru 23	\$17.10 \$22.34	\$4.61	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
										\$0.00		
25 Quarte	erly 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 Quarte	erly 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

1	Provider: Chaplinwood Health & Rehab Prvdr ID: 00059694A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020		owth Allowance: arly BIMS score		Add-on <u>Percent</u> 13.37% 1.0% 2.0%			d Overall CMI: Medicald CMI:		Facility <u>Specific</u> 1.3992 1.1768 1.1923	State- wide 1.3617 1.5138 1.5405
Line		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a a a	:::::::::b;:::::::::::::::::::::::::::	30.000 C 3.0000	jid ;;;;	е	asses f or our	g	g	h	piereki Iroako
2	CASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50,0% 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 Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,389,830	\$2,274,044	\$0	\$395,614	\$242,480	\$328,747	\$570,679	\$95,889	\$482,377	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$18,406)	\$0	\$0	(\$1,462)	\$0	\$0	(\$18,406)		(\$21,592)	\$23,054
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,371,424	\$2,274,044	\$0	\$394,152	\$242,480	\$328,747	\$552,273	\$95,889	\$460,785	\$23,054
8	Total Nursing Facility Days As Filed Days = 28,038	FY12 Audited C/R Days	28,038									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,415	FY 18 GL-PL Ins Rpt Days								33,415		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Co! 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		<u>1.3992</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.97								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 (or Routine Srycs)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$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	\$0.82
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	1 7	Ln 14 x Greth Allenc %	\$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)	£n 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 Medicald Residents	per Current Qtr End		1.1923				*****		1-2-7	V.575	₹5.52
18	Ortrly Routine Srvcs 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
	Quarterly Per Diem Add-on Amounts											
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 Srvs)	Ln 19 Col b x CPS Add-on	\$0.78	\$0.78				1	72.01		\$3.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1,57	\$1.57								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	7.341					\$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
}						1		L			,,=	

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$118,29

(Ln 25 - Ln 23) * 0.75

1	rovider. Chatsworth Health Care Center	-	Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 13.37%	Cas	se Mix Index (Facility Specific	State- wide
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020 06/30/20 Nurse Hours		Qtrly BIMS score	41.0%	13.37% 2.5% 2.0%	Ortrly Meale	Quarterly	d Overall CMI: Medicaid CMI: Wght Options:		1.2919 1.7035 1.7374	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	::::::::::::::::::::::::::::::::::::::	c	d d	у е	state for the	9	g	h	gargetas is
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90,0% 100,0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$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 8	Cost Center Costs After Audit Adjustments Total Nursing Facility Days As Filed Days = 34,749	FY12 Audited C/R FY12 Audited C/R Days	\$4,639,494 34,749	\$2,476,261	\$0	\$519,904	\$333,861	\$326,302	\$631,924	\$131,033	\$168,421	\$51,788
"	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,941	FY 18 GL-PL Ins Rpt Days	34,749							39,941		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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	4755.55	1.2919	42,55	\$14.00	\$15.00	(34,07, 2,07, 9	\$10.13	\$0.20	\$4.05	\$1.45
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9/£n 10		\$55,16								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Stres)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$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	\$1.49
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
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 Diern (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	Ortrly Routine Srvcs 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
	Quarterly Per Diem Add-on Amounts											
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 Srvs)	Ln 19 Coi b x CPS Add-on	\$2.72	\$2,72	•			*****	•		,,,,,	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting 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	Լո 19 + Լո 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									

Prvdr ID: 00143338A Case Mix Per Diem Rate Effective Date: 10/1/2020 Qtrly BIMS score 26.5% 1.0% Qtrly BIMS score 26.5% 1.0% MDS & Nurse Hrs Data per Quarter Ending: 06/30/20 Nurse Hours per On-Site Day/Quality Incentive: 3.42 2.0% Line	Qrtrly Mcaid (Laundry & Houskpng	Quarterly I	d Overall CMI Medicaid CMI Wght Options:	:	1.2895 1.6139 1.6441	1.3617 1.5138
Line Sources / Iotals Services Dietary	化氢氯化氢医氯化氢医医医氯化二胺 化二氯甲基甲基苯酚	Plant				1.5405
	A CONTRACTOR OF THE CONTRACTOR	Operatns & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
a b c d		f	g	g	afafayan h ipadayaya	gega r Seg
CASE MIX BASED RATE CALCULATIONS						
1 Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Base Period Per Diem Altowed Amounts						
5 As Filed Cost Center Costs (Routine & Special Stycs 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)	1	\$0	\$0
7 Cost Center Costs After Audit Adjustments FY12 Audited C/R \$6,363,210 \$3,451,230 \$0 \$1,092,518	\$466,107	\$463,834	\$593,998	\$82,094	\$213,429	\$0
8 Total Nursing Facility Days As Filed Days = 40,036 FY12 Audited C/R Days 40,036						
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,599 FY 18 GL-PL Ins Rpt Days	İ			39,599		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs 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 Alf Residents from 4 qtrs of FY12 1.2895						
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Ln 9 / Ln 10 \$66,85						
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs 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 Srvcs) 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
Quarterly Per Diem Rate Prior to Add-ons	\$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		\$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	\$25,10	\$5.55	\$10.0Z	42.07	\$10.13	\$5,00
18 Ortrly Routine Srvcs Case Mix Adjetd (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
Quarterly Per Diem Add-on Amounts						
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) (see Policy Manual) \$1,12 \$0.53 \$0.00 \$0.22	\$0.00	\$0,00	\$0.37		\$0.00	
21 BIMS Add-on Per Diem = 1.0% (to Routine Srvs)						
22 Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs) Ln 19 Coi b x Sting 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						

1	rovider. Cherry Blossom Health Care	_	Add-on Data and		Facility Score	Add-on Percent	Cas	se Mix Index (0	CMI) Data		Facility Specific	State- wide
P	rvdr ID: 00413509A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020 06/30/20 Nurse Hours		owth Allowance: lifty BIMS score luality Incentive:	N/A 26.7% 3.43	13.37% 1.0% 3.0%	Qrtrly Mcaid	Quarterly	d Overall CMI: Medicaid CMI: Wght Options:		1.2276 1.7643 1.7988	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	ь	C C	d	e e e	acyorf vices	g	g	in the section	Arte Lings
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 Ali Facilities Ali Bed Sizes	1 All Facilities All Bed Sizes	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 3 4	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) (see Policy Manual) (see Policy Manual)		90,0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Stycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,545,801	\$1,920,138	\$0	\$356,142	\$202,257	\$189,822	\$485,782	\$78,889	\$312,771	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$14,499)	\$0	\$0	(\$1,442)	\$0	\$0	(\$14,876)		(\$27,862)	\$29,681
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,531,302	\$1,920,138	\$0	\$354,700	\$202,257	\$189,822	\$470,906	\$78,889	\$284,909	\$29,681
8	Total Nursing Facility Days As Filed Days = 24,945	FY12 Audited C/R Days	24,945									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,659	FY 18 GL-PL Ins Rpt Days								25,659		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	£π 9 / Ln 10		\$62.70								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0,00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$125.97	\$62.70	\$0.00	\$14.22	\$15,72		\$18.88	\$3.07	10.19 (FRV)	\$1,19
	Quarterly Per Diem Rate Prior to Add-ons										, ,	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14.90	\$8.38	\$0.00	\$1.90	\$2.10	\$0.00	\$2.52	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$140.87	\$71,08	\$0.00	\$16.12	\$17.82	\$0.00	\$21.40	\$3.07	\$10.19	\$1.19
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.7988</u>								
18	Orthy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$127.86								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$197.65	\$127.86	\$0.00	\$16.12	\$17.82	\$0,00	\$21,40	\$3,07	\$10.19	\$1.19
	Quarterly Per Diem Add-on Amounts											
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 Srvs)	Ln 19 Cal b x CPS Add-on	\$1.28	\$1.28								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting 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									

Provider: Chelsey Park H&R Prvdr ID: 003165720A H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:			Data and Percentages Growth Allowance: BIMS: te Day/Quality Incentive:	Facility Score N/A 13.6% 3.76	Add-on Percent 13.37% 0.0% 3.0%		Quarter	((CMI) Data riod Overall CMI: ly Medicaid CMI: G Wght Options;		Facility Specific Use Stwd 1.5247 1.5512	State- wide 1.3617 1.5138 1.5405
Une # Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		. At a seed to take the term	b		liggered were	e	an army for the party	g	Langue to the fire	h.,	and i see.
CASE MIX BASED RATE CALCULATIONS Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons			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	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37			
GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins, Rpt	FY2018 GL-Pt Ins. Rpt FY2018 GL-Pt Ins. Rpt	· ·							\$ 56,831		
Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 95% of Std Growth Allowance 13.4% CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	FY 2012 Peer Group Lim		\$71.51 \$67.93 \$9.08 \$77.01 <u>1.5512</u> \$119.46		\$18.41 \$17.49 \$2.34 \$19.83	\$23.09 \$21.94 \$2.93 \$24.87		\$20.56 \$19.53 \$2.61 \$22.14	19,081 \$ 2.98	\$37.58 \$37.58 \$37.58 (FRV Rate)	
Quarterly Medicaid CMA Allowed Per Diem		\$230.86	\$119.46		\$19.83	\$24.87		\$22.14	\$2,98	\$37.58	\$4.00
Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 0.0% to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% Nursing Home Provider Fee		\$0.00 \$3.58	\$0.00 \$3.58								
Total Quarterly Per Diem Add-On Amounts		\$17.10 \$20.68			7			17.10			1
Quarterly Case Mix Based Per Diem Rate		\$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	1==,,,==	7.24104		7	4201		405.114	42,30	407.00	97.00

Provider: Chestnut Ridge Nursing & Rehabilitation Center Prvdr ID: 00228049A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020	Qtr	th Allowance; ly BIMS score	Facility Score N/A 19.6% 2.66	Add-on Percent 13.37% 0.0% 2.0%			d Overall CMI; Medicaid CMI;		Facility <u>Specific</u> 1.5075 1.6244 1.6540	State- wide 1,4014 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
		1 (1 a) a (1 a)	b	in in citati	ridger d gest	е	f.	g	rajrem s, 60.	ige (igg Hi h ge and diff	
CASE MIX BASED RATE CALCULATIONS											
1 Cost Center Peer Groups Type of Facility within Peer Group Bad Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			***
Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0,22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Base Period Per Diem Allowed Amounts											
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY 14 C/R - FY 18 GL-PL Rpt	\$3,944,910	\$2,188,570	\$0	\$329,394	\$146,352	\$174,816	\$645,490	\$13,508	\$446,780	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY14 C/R Audit Adjstmts	(\$6,405)	(\$16,418)	\$0	\$0	\$3,624	\$89	(\$7,428)		\$664	\$13,064
7 Cost Center Costs After Audit Adjustments	FY14 Audited C/R	\$3,938,505	\$2,172,152	\$0	\$329,394	\$149,976	\$174,905	\$638,062	\$13,508	\$447,444	\$13,064
8 Total Nursing Facility Days As Filed Days = 24,050	FY14 Audited C/R Days	24,050									
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 45,010	FY 18 GL-PL Ins Rpt Days								45,010		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	£n7/£n8Cola	\$163.50	\$90,32	\$0.00	\$13,70	\$13.51	(with L&H)	\$26.53	\$0.30	\$18.60	\$0.54
10 Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY10		<u>1.5075</u>								
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.91								
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = £n 11, AllOthr = £n 9		\$59,91	\$0,00	\$13.70	\$13.51		\$26.53	\$0.30	\$18.60	\$0.54
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$73.31	\$0.00	\$19.52	\$23.55		\$24.02	\$0.00	N/A	
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$119.36	\$59,91	\$0,00	\$13,70	\$13,51		\$24.02	\$0,30	7.38 (FRV)	\$0.54
Quarterly Per Diem Rate Prior to Add-ons										[17.47]	
15 Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Allwnc %	\$14.86	\$8,01	\$0,00	\$1.83	\$1,81	\$0.00	\$3,21	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + £n 15	\$134.22	\$67,92	\$0,00	\$15.53	\$15,32	\$0.00	\$27,23	\$0.30	\$7.38	\$0.54
17 Quarterly Facility Case Mix Index for Medicald Residents	per Current Qtr End		<u>1.6540</u>								
18 Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 16 x Ln 17		\$112.34								
19 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
Quarterly Per Diem Add-on Amounts											
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0,00	
21 BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	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 Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.25	\$2.25								
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17,10			
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20,51	\$2.78	\$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	\$199.15	\$115.12	\$0.00	\$15.75	\$15.73	\$0.00	\$44.33	\$0.30	\$7.38	\$0.54
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$136.54									

	rovider: Christian City Convalescent Center, Inc. O0158034A Case Mix Per Diem Rate Effective Dat MDS & Nurse Hrs Data per Quarter Endin	e: 10/1/2020		owth Allowance: Ordy BIMS score	Facility Score N/A 36.5% 4.00	Add-on Percent 13,37% 2,5% 2,0%			d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.4851 1.5419 1.5716	State- wide 1.3617 1.5138 1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services b	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Properly and Related	Taxes and Insurance
C	ASE MIX BASED RATE CALCULATIONS	A DEST OF BASES FOR FEB. TO SEE THE SECTION OF BUILDINGS OF SECTION OF SECTIO		alferen o den edeal	C	d in d	ë	f	g	9	h	Asser (Lear
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 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
_	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 7	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
8	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
۰	Total Nursing Facility Days As Filed Days = 70,236 Total Nursing Facility Days GL-PL Ins. Rot As Filed Days = 68,828	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	70,236									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 68,828 Net Per Diems prior to Case Mix Adjstmt to Routine Srycs	En 7/En 8 Col a	\$176.36	\$97.00	\$0.00	\$15,99	640.77	(with L&H)	\$32.32	68,828		22.52
10	Base Period Facility Case Mix Index for All Residents	from 4 gtrs of FY12	\$170.30	1,4851	\$0,00	\$15.99	\$18.77	(With L&H)	\$32,32	\$6.99	\$4.79	\$0.50
11	Routine Srycs Case Mix Adjstd (CMA) Net Per Diem	En 9 / Ln 10		\$65,32								
12	Net Per Diems after Case Mix Adjstmt to Routine Srycs	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 Sives)	per Peer Group Limits		\$65.52 \$71.51	\$0.00	\$15.99	\$23.09		\$20,56	\$0.00	54.79 N/A	\$0,50
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$140.76	\$65.32	\$0.00	\$15.99	\$18.77		\$20,56	\$6,99	12.63	\$0.50
	,		*	400.02	45.00	\$10.00	\$10.77		\$20.50	40,33	(FRV)	\$0.55
40	Quarterly Per Diem Rate Prior to Add-ons											
15 16	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc % Ln 14 + Ln 15	\$16.13	\$8.73	\$0,00	\$2.14	\$2.51	\$0.00	\$2.75	N/A	N/A	N/A
17	CMA Allowed Per Diem (After Growth Allowance Add-on) Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End	\$156,89	\$74.05	\$0.00	\$18.13	\$21.28	\$0,00	\$23,31	\$6.99	\$12.63	\$0.50
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		<u>1.5716</u> \$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
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0,00	\$0,22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs	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 Srvcs)	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	Quarterly Case Mix Based Per Diem Rate	Ln 19 + £n 24	\$205.62	\$122,15	\$0.00	\$18.35	\$21.69	\$0.00	\$23.31	\$6.99	\$12.63	\$0.50
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - l.n 23) * 0.75	\$154.22			•				1		

1	rrovider: Chulio Hills Health and Rehab Center outdr ID: 00143437A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020		owth Allowance: htrly BIMS score		Add-on Percent 13.37% 2.5% 3.0%		Quarterly !	CMI) Data d Overall CMI; Medicaid CMI; Wght Options;		Facility <u>Specific</u> 1.2223 1.9489 1.9861	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 : : : : : : : : : : : : : : : : : :	All being	C	:::::::d::::::::::::::::::::::::::::::	e	f	g	g	h.	551946 1 7015
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41	**************************************	50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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	so	\$0	(\$1,365)	(\$45,271)	,	(\$18,485)	
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 Srvcs	Ln 7 / Ln 8 Cot a	\$122.57	\$70.26	\$0.00	\$13.43	\$18,35	(with L&H)	\$16.20	\$3,30	\$0.25	\$0.78
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2223								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.48								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$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	\$0.78
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwiic %	\$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	\$133.51	\$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	4100.01	1.9861	45.55	\$10.20	\$20.00	\$0.00	\$10.07	40,00	\$3.50	\$0.76
18	Ortrly Routine Srvcs 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
200	Quarterly Per Diem Add-on Amounts	(see Delley Herrye)		20	***							
20 21	Efficiency Add-on Per Diem ([Stnd - Alwd] x ,75, up to max, or 0) BIMS Add-on Per Diem = 2.5% (to Routine Srys)	(see Policy Manual) Ln 19 Col b x CPS Add-on	\$1.53	\$0.53	\$0,00	\$0.22	\$0.41	\$0,00	\$0,37		\$0.00	
22		Ln 19 Col b x CPS Add-on	\$3.24	\$3.24								
23	Nurse Staff Hrs / Quality Add-on Per Diem ≈ 3.0% (to Routine Srvcs) Nursing Home Provider Fee	(Fixed Amount)	\$3.88	\$3.88					047 40			
24	Total Quarterly Per Diem Add-on Amounts	(Fixed Amount) Sum of Lns 20 thru 23	\$17,10 \$25.75	\$7.65	\$0.00	\$0.22	\$0.41	60.00	\$17.10	60.00	00.00	***
			·					\$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

\$154.89

(Ln 25 - Ln 23) * 0.75

1	Provider: Church Home Rehab & Healthcare		Add-on Data and Gr	Percentages bwth Allowance;	Facility Score N/A	Add-on Percent 13.37%	Cas	se Mix Index (0 Base Perio	CMI) Data d Overall CMI:		Facility Specific 1.2835	State- wide 1,3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020 06/30/20 Nurse Hours p	o er On-Site Day/O	trly BIMS score tuality Incentive:		1.0% 3.0%	Ortrly Moaid		Medicaid CMI: Wght Options:		1.4410 1.4671	1,5138 1,5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskong	Plant Operatns & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
- :::::::::::::::::::::::::::::::::::::			anna air is	b	C	o d	e	f	g	g	priorpholip in the	ggodi F eyer
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group	,,		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
7	Emocitor maximums (are line 2010) actually	(see Folicy Manual)		\$0.33	\$0.00	\$0.22	30.47		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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									
	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 Srvcs	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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9 / £n 10		\$61.35								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$61,35	\$0.00	\$15.34	\$17.33		\$24.70	\$0.35	\$1.01	\$0.80
13	Per Diern Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0,00	\$18.41	\$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	\$0.80
	Outdate Banking But But and Add and										(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$15.32	\$8.20	\$0.00	\$2.05	60.00	60.00	60.75	1111	44/-	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 x Giwin Alwinc % Ln 14 + Ln 15	\$15.32 \$158.07	\$8.20 \$69.55	\$0.00 \$0.00	\$2,05 \$17.39	\$2.32	\$0.00 \$0.00	\$2.75 \$23.31	N/A	N/A	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$128,07	1.4671	\$0.00	\$17.39	\$19,65	\$0,00	\$23.31	\$0.35	\$27.02	\$0.80
18	Qridy Routine Srvcs 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 \$102.04	\$0.00	\$17.39	\$19.65	\$0.00	\$23,31	\$0.35	\$27.02	\$0.80
	againsty modicale Office Allowed 1 of Dielli	110 En 10, 100m - En 10	\$130,00	\$102.04	\$0.00	\$17.09	\$19.05	\$0,00	₽ ∠3,31	\$0.35	\$21.02	\$0.80
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0,53	\$0.00	\$0.22	\$0.41	\$0.00	\$0,00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Coi b x CPS Add-on	\$1.02	\$1.02								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3,06	\$3.06								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-ол 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									

					Facility	Add-on					Facility	State-
F	Provider: Clinch Health Care		Add-on Data and	Percentages	Score	Percent	Cas	se Mix Index (0	CMI) Data		Specific .	wide
1	Prvdr ID: 00142106A		Gr	owth Allowance:	N/A	13.37%		Base Perior	d Overall CMI;		1,3288	1.3617
	Case Mix Per Diem Rate Effective Date:	10/1/2020	c	trly BIMS score	41.2%	2.5%		Quarterly	Medicald CMI;		1.5356	1,5138
	MDS & Nurse Hrs Data per Quarter Ending:	06/30/20 Nurse Hours p	er On-Site Day/C	luality Incentive:	2.96	3.0%	Ortrly Moald	CMI w RUG	Wght Options:		1.5636	1,5405
1.02				Routine	Special		Laundry &	Plant	Admin	A&G- GL-PL	Property	Taxes
Line #	Description	Sources /	Totals	Services	Services	Dietary	Houskong	Operatos	and	Insurance	and	and
#		Calculations	0.000	b	: William etcome	ď	Balling and Artist	& Maint	General	Symposyco-years	Related	Insurance
CA	SE MIX BASED RATE CALCULATIONS		sagera in a		Longing Colleges	G	::::::::::::::::::::::::::::::::::::::	f 35	g	Parting and the	ariaria e h	i
1	Cost Center Peer Groups	(and Galler Manual)		4		2	_	_				
	Type of Facility within Peer Group	(see Policy Manual)		All Facilities	1	1 ~ 1	1	1	1			
	Bed Size Range within Peer Group			All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits			All Bed Sizes	All Ded Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50,0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0,22	\$0.41		\$0.37			
"	Base Period Per Diem Allowed Amounts	(see Folicy withteat)		\$0.55	\$0.00	30.22	30.47		\$0.37			
5	As Filed Cost Center Costs (Routine & Special Srycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpl	\$2,938,880	\$1,460,510	so	\$316,871	\$183,612	\$218,595	\$492,391	\$19,237	\$247,664	so
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$4,062)	\$0	so	\$0	\$0	\$0	(\$37,984)	\$10,201	\$10,841	\$23,081
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,934,818	\$1,460,510		\$316,871	\$183,612	\$218,595	\$454,407	\$19,237	\$258,505	\$23,081
8	Total Nursing Facility Days As Filed Days = 29,010	FY12 Audited C/R Days	29,010	, ,			*****	1	, , , , , ,		1201,011	
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,515	FY 18 GL-PL Ins Rot Days	,							23,515		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$101,32	\$50.35	\$0.00	\$10.92	\$13.86	(with L&H)	\$15,66	\$0.82	\$8.91	\$0.80
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.3288</u>								1
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$37.89								1
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23,09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$86.76	\$37.89	\$0.00	\$10,92	\$13,86		\$15.66	\$0.82	6.81	\$0.80
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$10.47	\$5,07	\$0.00	\$1,46	\$1,85	\$0.00	\$2.09	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$97.23	\$42.96	\$0.00	\$12,38	\$15,71	\$0.00	\$17.75	\$0.82	\$6.81	\$0.80
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.5636</u>								
18	Ortrly Routine Srvcs Case Mix Adjstd (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 ([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 Srvs)	Ln 19 Col b x CPS Add-on	\$1.68	\$1.68								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting 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									

\$147.00

\$97.43

(Ln 27 - Ln 23) = 0.75

Minimum Quarterly Case Mix Based Per Diem Rate

Quarterly Per Diem Rate for Bed Hold and Leave Days

1 .	Provider: Coastal Manor	*strong	Add-on Data and		Facility Score	Add-on Percent	Cas	se Mix Index (•	Facility Specific	State- wide
, , , , , , , , , , , , , , , , , , ,	Prvdr ID: 00856028A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020 06/30/20 Nurse Hours p		owth Allowance: Urly BIMS score Quality Incentive:		13.37% 2.5% 3.0%	Ortrly Moaid	Quarterly	d Overall CMI; Medicaid CMI; Wght Options;		1.3441 1.5489 1.5784	1.3617 1.5138 1.5405
Line #		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operains & Maint	Admîn and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a a	b	C	d	e e e	possible of the	g	g	Beers h.	ng mada i garad
Ç	CASE MIX BASED RATE CALCULATIONS											
1	1	(see Policy Manual)		1	1	1	1	1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Hosp Based All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2		(see Policy Manual)		90.0%	90.0%	90,0%	85.0%		50.0%			
3 4		(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105,0% \$0,37			
	Base Period Per Diem Allowed Amounts			·								
5		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	\$(
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	\$13,06
8	Total Nursing Facility Days As Filed Days = 36,013	FY12 Audited C/R Days	36,013								, ,	
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 37,331	FY 18 GL-PL Ins Rpt Days				:				37,331		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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	0 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3441								
11	1 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.40								
12	2 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AilOthr = Ln 9		\$66,40	\$0.00	\$25.56	\$31.16		\$36,93	\$3.14	\$33.79	\$0.36
13	3 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$29,15	\$23.09		\$20.56	\$0.00	N/A	
14	4 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	\$0,3
											(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons 5 Growth Allowance Percentage = 13,37%	Ln 14 x Grwth Allwnc %	\$18.14	\$8.88	\$0.00	\$3,42	\$3.09	\$0.00	60.75			
16		Ln 14 + Ln 15	\$174.09	\$6.66 \$75.28	\$0.00	\$3.42	\$3.09 \$26.18	\$0.00	\$2,75 \$23.31	N/A	N/A	N/A
17	` '	per Current Qir End	\$174.09	1,5784	\$0,00	\$20.96	\$20.10	\$0.00	\$23.31	\$3.14	\$16.84	\$0.3
18		Ln 16 x Ln 17		\$118.82								
19		RS = Ln 18, AliOthr = Ln 16	\$217.63	\$118,82	\$0,00	\$28.98	\$26.18	\$0.00	\$23.31	\$3.14	\$16,84	\$0,3
	Quarterly Per Diem Add-on Amounts	(Colley Manya		** **	***	***						
20 21	,	(see Policy Manual) Ln 19 Col b x CPS Add-on	\$0,75	\$0.53	\$0,00	\$0.22	\$0.00	\$0.00	\$0.00		\$0,00	
22		Ln 19 Col b x CPS Add-on	\$2.97	\$2.97								
23		(Fixed Amount)	\$3.56 \$17.10	\$3.56					647.40			
24		Sum of Lns 20 thru 23	\$17.10	\$7.06	\$0.00	\$0.22	\$0,00	\$0.00	\$17.10 \$17.10	\$0.00	50.00	60.00
25		Ln 19 + Ln 24	\$242.01	\$125,88	\$0.00	\$29.20	\$26.18	\$0.00	\$17.10	\$0.00	\$0.00 \$16.84	\$0.00 \$0.36
			\$242.UI	\$123,88	40,00	323.20	\$20.18	\$0.00	\$40.41	\$3.14	\$16.84	\$0.31
26	6 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0,75	\$168.68									

	vider: Cobblestone Rehab and Healthcare Center dr ID: 00142711A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020	Ċ	Percentages owth Allowance: htrly BIMS score truality Incentive:	25.7%	Add-on Percent 13,37% 1.0% 3.0%			d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.4590 1.3822 1.4072	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
CA	CE MY DACED DATE ON OUR ATOMS		а	garting b iffilms	nather c hille	og deed.	e	40gapa .f .,4000	g	g	Aggrigue h e general	September,
\perp	SE MIX BASED RATE CALCULATIONS											
1 0	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 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
E	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,715,072	\$1,561,328	\$0	\$321,006	\$288,241	\$230,071	\$858,311	\$6,221	\$449,894	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$50,908)	(\$2,304)	\$0	(\$9,289)	(\$811)	\$1,104	(\$38,342)		(\$67,207)	\$65,941
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,664,164	\$1,559,024	\$0	\$311,717	\$287,430	\$231,175	\$819,969	\$6,221	\$382,687	\$65,941
8	Total Nursing Facility Days As Filed Days = 20,374	FY12 Audited C/R Days	20,374									
	Total Nursing Facility Days GL-PL tns, Rpt As Filed Days = 19,878	FY 18 GL-PL Ins Rpt Days								19,878		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7/Ln 8 Cola	\$179.85	\$76.52	\$0,00	\$15.30	\$25.45	(with L&H)	\$40,25	\$0.31	\$18.78	\$3,24
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.4590</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9 / Ln 10		\$52.45								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$52.45	\$0.00	\$15.30	\$25,45		\$40.25	\$0.31	\$18,78	\$3,24
13	Per Diern Standards (After Statewide CMA for Routine Stress)	per Peer Group Limits	ļ	\$71.51	\$0,00	\$18.41	\$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
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14.90	\$7.01	\$0.00	\$2,05	\$3,09	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$148,11	\$59,46	\$0.00	\$17.35	\$26.18	\$0.00	\$23,31	\$0.31	\$18.26	\$3.24
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	\$140.11	1,4072	Q0,00	\$17.55	\$20.10	\$0.00	920,51	\$0.51	\$10.20	\$3.24
18	Ortrly Routine Srvcs 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
c	Quarterly Per Diem Add-on Amounts											
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 = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.84	\$0.84								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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 C	Quarterly Case Mix Based Per Diem Rate	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 C	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - l.n 23) * 0.75	\$132.32									

1	ovider: College Park Health Care Center		Add-on Data and	Percentages	Facility Score	Add-on Percent 13.37%	Cas	se Mix Index ((CMI) Data d Overall CMI:		Facility Specific 1,2906	State- wide 1,3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:			trly BIMS score	31.8%	2,5% 2,0%	Ortrly Moaid		Medicaid CMI:		1.4348 1.4626	1.5138 1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	Telegado basedo de	in c	d		riighe f geog	g	g	h. h.	i
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Stress Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpl	\$5,335,885	\$2,566,909	\$0	\$508,923	\$326,800	\$230,266	\$1,020,157	\$17,861	\$664,969	\$0
6 7	Audit Adjustments and Reallocations to Cost Center Costs Cost Center Costs After Audit Adjustments	FY12 C/R Audit Adjstmts FY12 Audited C/R	(\$624,264) \$4,711,621	(\$246,813) \$2,320,096	\$0 \$0	(\$4,986) \$503,937	\$9,885 \$336,685	\$834 \$231,100	(\$362,911) \$657,246	\$17,861	(\$66,906) \$598,063	\$46,633 \$46,633
8	Total Nursing Facility Days As Filed Days = 32,452 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,852	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	32,452							29,852		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / £n 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		<u>1.2906</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	<u> </u>		\$55.39								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = £n 11, AllOthr = £n 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 Stycs)	per Peer Group Limits		\$71.51	\$0,00	\$18.41	\$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
15	Quarterly Per Diem Rate Prior to Add-ons 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	ALIFA
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$132.89	\$62.80	\$0.00	\$17,61	\$2.3 4 \$19.84	\$0.00	\$2.71	\$0,60	\$7.64	N/A \$1.44
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$102.03	1,4626	40.00	\$17.01	\$15.04	\$0.00	\$22.50	\$0,00	\$1.04	\$1. 44
18	Qrtrly Routine Srvcs 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
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - 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 Srvs)	En 19 Col b x CPS Add-on	\$2.30	\$2,30								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col & x Sting 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 - l,n 23) * 0,75	\$125,60			•						

1	Provider: Comer Health and Rehab Prodr ID: 00220448A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020	Qtr	vth Allowance; ly BIMS score	Facility Score N/A 46.1% 3,13	Add-on <u>Percent</u> 13.37% 5.5% 3.0%	-		d Overall CMI Medicaid CMI		Facility <u>Specific</u> 1.2625 1.4891 1.5139	State- wide 1.4014 1.5138 1.5405
Line #	Description	Sources <i>I</i> Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	CASE MIX BASED RATE CALCULATIONS		а	in the broken		a diding	jarre mair	and Officer	(1,141,1 9 - 1,11		<u> Bergerich (h</u>	i
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 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105,0% \$0,37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed 12/31/14 C/R - FY 18 GL-PL Rpt	\$4,832,506	\$2,286,566	so	\$512,396	\$260,364	\$236,923	\$1,068,433	\$110,589	\$357,235	so
6	Audit Adjustments and Reallocations to Cost Center Costs Cost Center Costs After Audit Adjustments	12/31/14 C/R Audit Adjstmts 12/31/14 Audited C/R	(\$514,843) \$4,317,663		\$0 \$0	\$0 \$512,396	\$0 \$260,364	\$0 \$236,923	(\$514,843) \$553,590		(\$6,299) \$350,936	\$6,299 \$6,299
8	Total Nursing Facility Days As Filed Days = 29,059 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,270 Net Per Diems prior to Case Mix Adjstmt to Routine Srycs	12/31/14 Audited C/R Days FY 18 GL-PL Ins Rpt Days Ln 7 / Ln 8 Col a	29,059 \$147.67	\$78.69	\$0.00	\$17,63	\$17.11	(with L&H)	\$19.05	38,270 \$2.89	\$12.08	\$0.22
10 11	Base Period Facility <u>Case Mix Index</u> for All Residents Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	from 4 qtrs of FY10 £n 9 / £n 10	-	1.2625 \$62.33	QU.UU	411.55	Q I I I I	, mar Larry	\$13,03	\$2,03	\$12.00	40.22
12 13 14	Net Per Diems after Case Mix Adjstmt to Routine Srvcs Per Diem Standards (After Statewide CMA for Routine Srvcs) Base Period Case Mix Adjusted Allowed Per Diem	RS = Ln 11, AllOlhr = Ln 9 per Peer Group Limits Lesser of Ln 12 or Ln 13	\$127.16	\$62.33 \$73.31 \$62.33	\$0.00 \$0.00 \$0.00	\$17.63 \$19.52 \$17.63	\$17.11 \$23.55 \$17.11		\$19,05 \$24,02 \$19,05	\$2.89 \$2.89	\$12.08 N/A 7.93	\$0.22 \$0.22
''	Quarterly Per Diem Rate Prior to Add-ons	C63361 01 01 12 01 13 10	\$127.10	\$02.33	\$0,00	\$17,03	\$17,11		319.03	\$2.03	(FRV)	\$0.22
15 16 17 18	Growth Allowance Percentage = 13.4% CMA Allowed Per Diem (After Growth Allowance Add-on) Quarterly Facility Case Mix Index for Medicaid Residents	Ln 14 x Grwth Allwnc % Ln 14 + Ln 15 per Current Qtr End Ln 16 x Ln 17	\$15.53 \$142.69	\$8,33 \$70.66 <u>1,5139</u> \$106.97	\$0,00 \$0.00	\$2,36 \$19.99	\$2.29 \$19.40	\$0.00 \$0.00	\$2,55 \$21,60	N/A \$2.89	N/A \$7.93	N/A \$0.22
19	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem 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
20 21 22 23	Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem {[Stnd - Alwd] x .75, up to max, or 0} BIMS Add-on Per Diem = 5.5% (to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) Nursing Home Provider Fee	(see Policy Manual) Ln 19 Col b x CPS Add-on Ln 19 Col b x Stfng Add-on (Fixed Amount)	\$1.53 \$5.68 \$3.21 \$17.10	\$0.53 \$5.88 \$3.21	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37 \$17.10		\$0.00	
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.10	\$9.62	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10 \$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									

1	Provider. Comfort Creek NRC of Wadley	_	Add-on Data and	l Percentages	Facility Score N/A	Add-on Percent 13,37%	Ca:	se Mix Index (CMI) Data	-	Facility Specific 1,3067	State- wide 1,3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:			Otrly BIMS score	34.7%	2,5% 3,0%	Qrtriy Mcaio	Quarterly	Medicaid CMI: Wght Options:		1,6297 1,6612	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
-4.00			ing a garage	b	C	d	and the entire	ing figure	9	g	h	grigorija, sa d
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41	AP-2	50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Stycs 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	so	\$0	(\$54,075)	1 1	(\$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 Srvcs	£n 7 / En 8 Col a	\$119.85	\$60.54	\$0.00	\$14,54	\$19.42	(with L&H)	\$13,33	\$2.80	\$7.56	\$1.66
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.3067</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.33								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$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	\$1.66
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwinc %	\$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	7=.50		722,02	55,50	7.***		\$5.50	Ψ1,50
18	Ortrly Routine Srvcs 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
	Constants Bas Biom Add A											
20	Quarterly Per Diem Add-on Amounts 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		60.00	60.07		***	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Lo 19 Col b x CPS Add-on	\$1.53	\$0,53 \$2,18	\$0,00	\$0.22	\$0.41	\$0,00	\$0,37		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3,0% (to Routine Sives)	La 19 Col b x Sting Add-on	\$2.62	\$2.10								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	¥2.02					\$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		44	4.5.10	V		1	72.30	43.00	Ψ1.00

1	ovider: Cordele Health & Rehab vdr ID: 00059892A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:		Qtr	th Allowance: ly BIMS score	36.4%	Add-on Percent 13.37% 2.5% 3.0%		Quarterly l	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.1887 1.7997 1.8340	State- wide 1.3699 1.5138 1.5405
Line #	Description	Sources <i>1</i> Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
<u> </u>			а	180 g b 190 g	Africa. 45	वर्गामु ंव सम्बद्ध	2012 6 2009		g	in in guestia	epaper (Ministration)	i i
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105,0% \$0.37			į
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY13 C/R	\$2,013,144	\$955,965	\$0	\$246,731	\$110,011	\$70,025	\$347,784	\$77,633	\$204,995	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	(\$36,822)	\$0	\$0	\$0	\$343	\$218	(\$37,974)		(\$14,476)	\$15,067
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$1,976,322	\$955,965	\$0	\$246,731	\$110,354	\$70,243	\$309,810	\$77,633	\$190,519	\$15,067
8	Total Nursing Facility Days As Filed Days = 11,808	FY13 Audited C/R Days	11,808									
	Total Nursing Facility Days GL-Pt. 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 Srvcs	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		<u>1,1887</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9 / £n 10		\$68.11								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = En 11, AllOlhr = En 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 Srvcs)	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	\$1.28
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
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		<u>1.8340</u>								
18	Ortrly Routine Srvcs 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
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Atwd] x .75, up to max, or 0)	(see Policy Manual)	\$0,94	\$0.53	\$0,00	\$0,00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	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 Srvcs)	Ln 19 Col b x Stfng 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	Լո 19 + Լո 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			, , , , , , , , , , , , , , , , , , , ,		1,	1	,		

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

	Provider: Countryside Health Center Prvdr ID: 00141666A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020		owth Allowance: ltrly BIMS score		Add-on Percent 13.37% 2,5% 3.0%			d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.1147 1.5709 1.5990	State- wide 1.3617 1.5138 1.5405
Line #		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
			а	esegne b green	C	d	0.000	1997 110 1 1997 199	9	g	Westerlifther error	300) 1 000.
<u>C</u>	CASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100,0% \$0,00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,031,679	\$1,087,985	\$0	\$271,943	\$177,799	\$169,466	\$268,870	\$40,343	\$15,273	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$28,070)	(\$3,388)	\$0	\$0	so	(\$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 Srvcs	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		from 4 qtrs of FY12		<u>1.1147</u>								
11	, ,	Ln 9 / Ln 10		\$49.99								
12	•	RS = Ln 11, AliOthr = Ln 9		\$49.99	\$0.00	\$13.97	\$17.77		\$12.61	\$2.06	\$0.00	\$0,78
13	,	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$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
	Quarterly Per Dlem Rate Prior to Add-ons											
15		Ln 14 x Grwth Allwac %	\$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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.5990</u>								
18	Ortrly Routine Srvcs 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
	Quarterly Per Diem Add-on Amounts											
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 Srvs)	Ln 19 Col b x CPS Add-on	\$2.27	\$2.27							ĺ	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	En 19 Col b x Sifng Add-on	\$2.72	\$2.72								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.62	\$5.52	\$0.00	\$0.22	\$0.41	\$0,00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$173.50	\$96.14	\$0.00	\$16.06	\$20.56	\$0.00	\$31.77	\$2.06	\$6.13	\$0.78
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0,75	\$117.30									

	rovider: rvdr ID;	Covenant Dove- Macon 00141523A		A	dd-on Data and P Grow	ercentages	Facility <u>Score</u> N/A	Add-on Percent 13.37%	Cas	e Mix Index (C	CMI) Data		Facility Specific 1.5027	State- <u>wide</u> 1,4014
			iem Rate Effective Date: Data per Quarter Ending:	10/1/2020 06/30/20 Nurse Hours per		ly BIMS score ality Incentive;	44.8% 3.30	2.5% 2.0%	Ortrly Meaid		Medicald CMI;		1.7315 1.7633	1.5138 1.5405
Line #		Description		Sources <i>l</i> Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
1.11	Linguighte				а	And Wilberton	eteric control	and design	100 e 100 c	especificação	g		dilinguip h paget d	
_ ⊆	ASE MI	X BASED RATE CALCULATIONS												
1	T	enter Peer Groups type of Facility within Peer Group led Size Range within Peer Group		(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	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 3 4	Peer G Peer G	oup Standards & Efficiency Measure Limits Group Standards: Percentile Group Standards: Multiplier ncy Measure Maximums (see line 20 for actual)		(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0,00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Pe	eriod Per Diem Allowed Amounts												
5		ed Cost Center Costs (Routine & Special Srvcs Com	bined)	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 A	Adjustments and Reallocations to Cost Center Co	sts	12/31/14 C/R Audit Adjstmts	(\$265,777)	\$0	\$0	\$0	\$0	\$0	(\$265,777)		(\$24,077)	\$24,077
7	Cost C	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	1	* * *	d Days = 17,788	12/31/14 Audited C/R Days	17,788									
	1		d Days = 30,726	FY 18 GL-PL Ins Rpt Days								30,726		
9	1	er Diems prior to Case Mix Adjstmt to Routine Srve		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	1	e Period Facility Case Mix Index for All Residents	•	from 4 qtrs of FY10		<u>1.5027</u>								
11	1	tine Srvcs Case Mix Adjstd (CMA) Net Per Diem		Ln 9 / Ln 10		\$64.79								
12		er Diems after Case Mix Adjstmt to Routine Srvcs		RS = Ln 11, AliOthr = Ln 9		\$64.79	\$0.00	\$14.21	\$20.03		\$25.56	\$0.39	\$18.99	\$1.35
13		em Standards (After Statewide CMA for Routine Srvcs))	per Peer Group Limits		\$73.31	\$0.00	\$19,52	\$23.55		\$24.02		N/A	
14	Base P	Period Case Mix Adjusted Allowed Per Diem		Lesser of Ln 12 or l.n 13	\$133.71	\$64.79	\$0.00	\$14.21	\$20.03		\$24.02	\$0.39	8,92 (FRV)	\$1,35
		y Per Diem Rate Prior to Add-ons											, ,	
15	1	n Allowance Percentage = 13.4%		Ln 14 x Grwth Allwnc %	\$16.45	\$8.66	\$0.00	\$1.90	\$2.68	\$0,00	\$3.21	N/A	N/A	N/A
16		Allowed Per Diem (After Growth Allowance Add-on)		Ln 14 + £n 15	\$150.16	\$73.45	\$0.00	\$16.11	\$22.71	\$0,00	\$27.23	\$0.39	\$8.92	\$1.35
17		Interly Facility Case Mix Index for Medicaid Reside	1	per Current Qtr End		<u>1.7633</u>								
18 19	1	ly Routine Srvcs Case Mix Adjstd (CMA) Net Per I	Diem	£n 16 x £n 17 RS = £n 18. AllOthr = £n 16		\$129.51		212.11	****	4	***			
19	Quarte	erly Medicaid CMA Allowed Per Diem		KS = LR 18, AllOtht = LR 16	\$206.22	\$129.51	\$0,00	\$16,11	\$22.71	\$0.00	\$27.23	\$0,39	\$8.92	\$1,35
	Quarteri	y Per Diem Add-on Amounts												
20	Efficier	ncy Add-on Per Diem ([Stnd - Alwd] x .75, up to max,	. or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21		Add-on Per Diem =	2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.24	\$3.24								
22		Staff Hrs / Quality Add-on Per Diem = 2.0% (to F	Routine Saves)	Ln 19 Col b x Sting Add-on	\$2.59	\$2.59								
23	'	g Home Provider Fee		(Fixed Amount)	\$17.10						\$17.10			
24	Total C	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	Quarteri	y 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	Quarterl	y Per Diem Rate for Bed Hold and Leave Days		(Ln 25 - Ln 23) * 0.75	\$159,91									

## Description Calculations Services Services Dietary Housting Operatins and Calculations Services Services Dietary Housting Operatins and General & Maint Gen		and	1.5138 1.5405 Taxes and insurance
Calculations Sources Totals Services Services Services Services Dietary Laurary & Housking All Facilities All Facilities All Bed Sizes	Insurance	and Related	and Insurance
CASE MIX BASED RATE CALCULATIONS 1 Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits (see Policy Manual) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1,12 (A) (A) (A) (A) (A) (A) (A) (A) (A) (A)	Secretary has entered to	::::::::::::::::::::::::::::::::::::::
1 Cost Center Peer Groups Type of Facilities Peer Group All Facilities All Facilities All Facilities All Bed Sizes			
Type of Facility within Peer Group All Facilities Bed Size Range within Peer Group All Facilities All Facilit			
2 Peer Group Standards: Percentile (see Policy Manual) 90.0% 90.0% 85.0% 50.0% 3 Peer Group Standards: Multiplier (see Policy Manual) 100.0% 100.0% 100.0% 100.0% 100.0% 100.0% 100.0% 30.22 \$0.41 \$0.37			
Base Period Per Diem Allowed Amounts			
5 As Filed Cost Center Costs (Routine & Special Sives Combined) As Filed FY12 C/R-FY 2018 GL-PL Rpl \$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 Adjustmts (\$1,737,823) (\$610,837) \$0 (\$349,850) (\$63,040) (\$177,026) (\$273,838)		(\$267,314)	\$4,082
7 Cost Center Costs After Audit Adjustments FY12 Audited C/R \$15,607,227 \$8,664,481 \$0 \$1,271,799 \$1,194,055 \$876,103 \$3,189,154	\$155,956	\$251,597	\$4,082
8 Total Nursing Facility Days As Filed Days = 89,009 FY12 Audited C/R Days 89,009			
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 101,433 FY 18 GL-PL Ins Rpt Days	101,433		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srycs Ln 7/Ln 8 Cot 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 qus of FY12 1.1823	i		
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Ln 9/Ln 10 \$82,33			
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs RS = Ln 11, AllOthr = Ln 9 \$82.33 \$0.00 \$14.29 \$23.26 \$35.83 13 Per Diem Standards (After Statewide CMA for Routine Srvcs) per Peer Group Limits \$71.51 \$0.00 \$29.15 \$23.09 \$20.56	\$1,54	\$2.83	\$0.05
, , , , , , , , , , , , , , , , , , , ,	\$0,00	N/A	
V. 10. V.	\$1.54	9,83 (FRV)	\$0,05
Quarterly Per Diem Rate Prior to Add-ons			
15 Growth Allowance Percentage = 13.37% Ln 14 x Grwth Allwinc % \$17.31 \$9.56 \$0.00 \$1.91 \$3.09 \$0.00 \$2.75 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	N/A	N/A	N/A
17 Quarterly Facility <u>Case Mix Index for Medicaid Residents</u> 18 Per Current QIr End 1.3509	\$1,54	\$9.83	\$0.05
18 Orfrly Routine Srvcs 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
Quarterly Per Diem Add-on Amounts			
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) (see Policy Manual) \$0.22 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00		\$0.00	
21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs) Ln 19 Col b x CPS Add-on \$2,74 \$2,74	.		
22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) Ln 19 Col b x Sting Add-on \$3.29 \$3.29	,		
23 Nursing Home Provider Fee (Fixed Amount) \$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			

Add-on Data and Percentages

Facility

Score

Add-on

Percent

Case Mix Index (CMI) Data

State.

wide

Facility

Specific

00274128A Prvdr ID: Growth Allowance; N/Δ 13.37% Base Period Overall CMI; 1,4206 1.3617 Case Mix Per Diem Rate Effective Date: 10/1/2020 Qtrly BIMS score 57.8% 5.5% Quarterly Medicaid CMI: 1.8775 1.5138 MDS & Nurse Hrs Data per Quarter Ending: Ortrly Moaid CMI w RUG Wight Options: 06/30/20 Nurse Hours per On-Site Day/Quality Incentive: 4.22 3.0% 1.9143 1.5405 Plant Admin Property Taxes Routine Special Laundry & A&G- GL-PL Line Sources / Totals Dietary Operatos and and and Description Services Services Houskpag Insurance # Calculations & Maint General Related Insurance а ь C d e f h **CASE MIX BASED RATE CALCULATIONS** Cost Center Peer Groups (see Policy Manual) 1 1 Type of Facility within Peer Group All Facilities All Facilities Hosp Based All Facilities All Facilities All Facilities Bed Size Range within Peer Group All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes All Bed Sizes Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile (see Policy Manual) 90.0% 90.0% 90.0% 85.0% 50.0% 3 Peer Group Standards: Multiplier (see Policy Manual) 100.0% 100.0% 100,0% 100.0% 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 FY12 C/R -FY 2018 GL-PL Rpt As Filed Cost Center Costs (Routine & Special Stycs Combined) \$5,952,644 \$2,971,066 \$711,607 \$0 \$402,802 \$416,741 \$836,579 \$70,786 \$543,063 \$0 6 FY12 C/R Audit Adjstmts Audit Adjustments and Reallocations to Cost Center Costs (\$71,154) so SO \$0 \$1,048 \$1,086 (\$74,675) (\$9.002)\$10,389 7 FY12 Audited C/R Cost Center Costs After Audit Adjustments \$5,881,490 \$2,971,066 \$0 \$711,607 \$403,850 \$417,827 \$761,904 \$70,786 \$534,061 \$10,389 8 FY12 Audited C/R Days Total Nursing Facility Days As Filed Days = 34,794 34,794 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,234 FY 18 GL-PL Ins Rpt Days 25,234 Ln 7/Ln 8 Col a 9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs \$169.82 \$85,39 \$0.00 \$20.45 \$23,62 (with L&H) \$21.90 \$2.81 \$15.35 \$0.30 10 from 4 clrs of FY12 Base Period Facility Case Mix Index for All Residents 1.4206 11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Ln 9/Ln 10 \$60.11 12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs RS = Ln 11, AllOthr = Ln 9 \$60.11 \$0.00 \$20.45 \$23,62 \$21.90 \$2.81 \$15.35 \$0.30 13 per Peer Group Limits Per Diem Standards (After Statewide CMA for Routine Srvcs) \$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 \$0,30 (FRV) Quarterly Per Diem Rate Prior to Add-ons Ln 14 x Grwth Allwac % 15 Growth Allowance Percentage = 13.37% \$16.61 \$8.04 \$0.00 S2 73 \$3.09 \$0.00 \$2.75 N/A N/A N/A 16 Ln 14 + Ln 15 CMA Allowed Per Diem (After Growth Allowance Add-on) \$153.55 \$68,15 \$0.00 \$23.18 \$26.18 \$0.00 \$23.31 \$2.81 \$9.62 \$0,30 17 per Current Qtr End Quarterly Facility Case Mix Index for Medicaid Residents 1.9143 18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Ln 16 x Ln 17 \$130,46

Quarterly Per Diem Rate for Bed Hold and Leave Days

Efficiency Add-on Per Diem ((Sind - Alwd) x .75, up to max, or 0)

Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)

Quarterly Medicaid CMA Allowed Per Diem

Total Quarterly Per Diem Add-on Amounts

Quarterly Case Mix Based Per Diem Rate

Quarterly Per Diem Add-on Amounts

BIMS Add-on Per Diem =

Nursing Home Provider Fee

Crisp Regional Nursing and Rehab Ctr

Provider,

19

20

21

22

23

24

\$215.86

\$0,75

\$7,18

\$3.91

\$17.10

\$28.94

\$244,80

\$170,78

\$130.46

\$0,53

\$7.18

\$3,91

\$11.62

\$142,08

\$0.00

\$0,00

\$0.00

\$0.00

\$23,18

\$0.22

\$0.22

\$23,40

\$26,18

\$0.00

\$0.00

\$26,18

\$0.00

\$0.00

\$0.00

\$0.00

\$23.31

\$0.00

\$17.10

\$17.10

\$40.41

\$2.81

\$0.00

\$2.81

RS = Ln 18, AllOthr = Ln 16

(see Policy Manual)

Lo 19 Collb y CPS Add-on

Ln 19 Col b x Sting Add-on

(Fixed Amount)

Sum of Lns 20 thru 23

1.n 19 + 1.n 24

(Ln 25 - Ln 23) * 0.75

5.5% (to Routine Srvs)

\$9.62

\$0.00

\$0,00

\$9.62

\$0,30

\$0.00

\$0.30

	rovider: Cross View Care Center rvdr ID: 00142502A Case Mix Per Diem Rate Effective Date; MDS & Nurse Hrs Data per Quarter Ending:		Qtr	rth Alfowance: ly BIMS score	26,9%	Add-on Percent 13,37% 1.0% 2.0%			d Overall CMI Medicaid CMI		Facility <u>Specific</u> 1.1512 1.4065 1.4298	State- wide 1.3699 1.5138 1.5405
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	ь	man, comp	स्तर्य ं d स्विध्	e e	1949. (1974)	9	g	h	2015 (1 %
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100,0% \$0.41		50,0% 105,0% \$0,37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 = 15,252	FY13 Audited C/R Days	16,252								·	
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,178	FY 18 GL-PL Ins Rpt Days								24,178		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / En 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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9 / £n 10		\$40.64								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = £n 11, AllOthr = £n 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 Srvcs)	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
45	Quarterly Per Diem Rate Prior to Add-ons											
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 17	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
18	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End Ln 16 x Ln 17		1.4298								
19	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$143.62	\$65.87 \$65.87	\$0.00	\$19.66	\$26.38	\$0,00	\$21.26	\$0,77	\$7.68	\$2.00
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0,00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.66	\$0.66								
22	Nurse Staff Hrs / Quality Add-on Per Djem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$1.32	\$1.32							ļ	
23	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			1,	······	1		t		

Provider: Cumming Nursing Center Prvdr ID: 00140302A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020		owth Allowance: htrly BIMS score	Facility Score N/A 67,6% 4,99	Add-on Percent 13.37% 5.5% 3.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.3016 1.7351 1.7677	State- wide 1.3617 1.5138 1.5405
Line # Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		a	<u> </u>	.:: C :::	d d		-11-11 (f 1121)	g	g	h	
CASE MIX BASED RATE CALCULATIONS											
1 Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0,37			
Base Period Per Diem Allowed Amounts 5 As Filed Cost Center Costs (Routine & Special Stycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Ro	45,21 1,55 1	\$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 7 Cost Center Costs After Audit Adjustments	FY12 C/R Audit Adjstmts FY12 Audited C/R	(\$266,253) \$5,008,281	(\$5,834) \$3,009,694	\$0 \$0	\$57 \$616,719	(\$92,450) \$413,557	(\$9,653) \$268,098	(\$40,099) \$481,895	\$61,923	(\$148,090) \$126,579	\$29,816
8 Total Nursing Facility Days As Filed Days = 31,273	FY12 Audited C/R Days	31.273	\$0,000,00 4	30	\$0.10,719	\$413,337	\$200,090	\$401,090	\$01,923	\$120,579	\$29,816
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 Srvcs	Ln7/Ln8Cola	\$159,65	\$96,24	\$0.00	\$19.72	\$21.80	(with L&H)	\$15.41	\$1.48	\$4,05	\$0.95
10 Base Period Facility Case Mix Index for All Residents	from 4 qirs of FY12		<u>1.3016</u>								
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.94								
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 (or Routine Srycs)	per Peer Group Limits		\$71,51	\$0,00	\$18.41	\$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
Quarterly Per Diem Rate Prior to Add-ons										(1,1,2)	
15 Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Alfwnc %	\$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	Ln 16 x Ln 17		\$143,31				_				
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOlhr = Ln 16	\$218.64	\$143.31	\$0.00	\$20,87	\$24.71	\$0.00	\$17.47	\$1.48	\$9.85	\$0.95
Quarterly Per Diem Add-on Amounts											
20 Efficiency Add-on Per Diem. ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.78	\$0.00	\$0.00	\$0.00	\$0,41	\$0.00	\$0.37		\$0.00	
21 BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$7.88	\$7.88								
22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	En 19 Coi b x Stfng 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 Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$248.70	\$155.49	\$0.00	\$20.87	\$25.12	\$0.00	\$34.94	\$1.48	\$9.85	\$0,95
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$173.70									

1	ovider: D. Scott Hudgens Center for Skilled Nursing vdr ID: 000815493B Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020 06/30/20 Nurse Hours		owth Allowance: Oldy BIMS score	48,2%	Add-on Percent 13.37% 5.5% 3.0%		Quarterly	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.3112 1.6007 1.6276	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
С	ASE MIX BASED RATE CALCULATIONS		a	b	· CARROLL CONTRACTOR	Frank designa	e	[::::::f:::::);	g	g garag	Section (Company)	18000 1 0000
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 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
_	Base Period Per Diem Allowed Amounts					:						
5		As Filed FY12 C/R -FY 2018 GL-PL R		\$618,032	\$0	\$92,183	\$62,927	\$123,511	\$318,254	\$2,383	\$127,564	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$4,307)	\$0	\$0	\$0	\$0	\$0	(\$4,307)		(\$10,653)	\$10,653
8	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
0	Total Nursing Facility Days As Filed Days = 5,856	FY12 Audited C/R Days FY 18 GL-PL ins Rpt Days	5,856									
9	Total Nursing Facility Days GL-PL Ins, Rpt As Filed Days = 11,404 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln.7/Ln.8 Cola	*****							11,404		
10		from 4 gtrs of FY12	\$228.72	\$105,54	\$0.00	\$15.74	\$31.84	(with L&H)	\$53,61	\$0.21	\$19.96	\$1.82
11	Base Period Facility <u>Case Mix Index</u> for All Residents Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	10114 qus 01 F 112		1.3112								
12	Net Per Dierns after Case Mix Adjstrat to Routine Srycs	RS = La 11, AliOthr = La 9		\$80,49 \$80,49	\$0.00	045.74	***					
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		,		\$15.74	\$31,84		\$53.61	\$0,21	\$19.96	\$1.82
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$161,17	\$71.51 \$71.51	\$0.00 \$0.00	\$18,41	\$23.09		\$20.56	\$0,00	N/A	
'-	Dase Fellow Case Mix Augusted Allowed Fel Dielli	Lessel OI LIS 12 OI CII 13	\$101.17	\$71.51	\$0.00	\$15.74	\$23.09		\$20,56	\$0.21	28,24 (FRV)	\$1.82
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	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 Medicald Residents	per Current Qtr End		<u>1.6276</u>								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$131,95								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = £n 18, AllOthr = £n 16	\$229.55	\$131.95	\$0,00	\$17.84	\$26.18	\$0.00	\$23.31	\$0.21	\$28.24	\$1.82
	Quarterly Per Diem Add-on Amounts											
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 = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$7.26	\$7.26								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	.,								

1	Provider: Dade Health and Rehab Center		Add-on Data and		Facility Score N/A	Add-on Percent 13,37%	Cas	se Mix Index (C		•	Facility Specific	State- wide
,	Case Mix Per Diem Rate Effective Date;	10/1/2020		owth Allowance: http://www.blms.score	N/A 44.7%	2.5%			d Overall CMI; Medicaid CMI;		1.2764 1.8157	1,3617 1,5138
	MDS & Nurse Hrs Data per Quarter Ending:		er On-Site Day/C		3.05	3.0%	Ortrly Meald	CMI w RUG			1.8516	1.5405
Line #	B Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			Asset and the	ь	c c	11.00 d 40.000	е	enter f errest.	g	g	fig. Sec. 6. h ina ay af fa	arra i aa
<u>c</u>	CASE MIX BASED RATE CALCULATIONS											
4	Cost Center Peer Groups	(see Policy Manual)		4	1	2	1	1	1			
, .	Type of Facility within Peer Group	(acc / only manday		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		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3		(see Policy Manual)		100.0%	100.0%	100,0%	100.0%		105.0%			
4	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 Srvcs 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		FY12 C/R Audit AdjsImIs	(\$29,834)	(\$5,040)	\$0	\$0	\$120	\$156	(\$30,573)	1	(\$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		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		<u>1.2764</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.60								
12	1	RS = Ln 11, AllOthr = Ln 9		\$58.60	\$0,00	\$15.53	\$19.75		\$17,47	\$6,29	\$0.42	\$0.57
13	,	per Peer Group Limits		\$71,51	\$0.00	\$18.41	\$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	ļ	\$17.47	\$6.29	8.51	\$0.57
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	1	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	·	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		Ln 16 x Ln 17		\$123,00								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$198.18	\$123.00	\$0.00	\$17.61	\$22.39	\$0,00	\$19,81	\$6.29	\$8.51	\$0.57
	Quarterly Per Diem Add-on Amounts											
20		(see 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 Srvs)	Ln 19 Col b x CPS Add-on	\$3,08	\$3,08								
22		Ln 19 Col b x Sting Add-on	\$3.69	\$3,69								
23		(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	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$223.58	\$130.30	\$0.00	\$17.83	\$22.80	\$0,00	\$37.28	\$6.29	\$8,51	\$0.57
						1	·	L	l		L	1

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$154.86

(Ln 25 - Ln 23) * 0.75

-	rovider: Dawson Health & Rehab	envent	Add-on Data and Ga	Percentages	Facility Score N/A	Add-on Percent	Cas	e Mix Index (C	CMI) Data	,	Facility Specific 1,2140	State- wide 1,3617
	Case Mix Per Diem Rate Effective Date; MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020 06/30/20 Nurse Hours p		Irly BIMS score	32.6%	2.5% 3.0%	Ortrly Moaid	Quarterly	Medicaid CMI: Wght Options:		1,4326 1,4553	1.5138 1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	attend bantaat	С	d d		Marine for the same	g	g	h	A 7 (2)
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,350,365	\$1,761,821	\$0	\$384,340	\$200,480	\$225,160	\$423,669	\$74,079	\$280,816	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$14,716)	\$0	\$0	\$0	\$0	\$1,400	(\$16,116)	1 1	(\$18,688)	\$18,688
7	Cost Center Costs After Audit Adjustments	FY12 Audiled C/R	\$3,335,649	\$1,761,821	\$0	\$384,340	\$200,480	\$226,560	\$407,553	\$74,079	\$262,128	\$18,688
8	Total Nursing Facility Days As Filed Days = 25,645	FY12 Audited C/R Days	25,645									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,096	FY 18 GL-PL ins Rpt Days								24,096		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$130.25	\$68.70	\$0.00	\$14,99	\$16.65	(with L&H)	\$15.89	\$3.07	\$10.22	\$0,73
10	Base Period Facility Case Mix Index for All Residents	from 4 girs of FY12	-	<u>1.2140</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$56.59								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23,09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$116.14	\$56.59	\$0,00	\$14.99	\$16.65		\$15,89	\$3.07	8.22 (FRV)	\$0,73
	Quarterly Per Diem Rate Prior to Add-ons										(,	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$13.92	\$7.57	\$0.00	\$2,00	\$2.23	\$0.00	\$2.12	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$130.06	\$64.16	\$0.00	\$16.99	\$18,88	\$0.00	\$18.01	\$3.07	\$8,22	\$0,73
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.4553</u>								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 16 x En 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
	Quarterly Per Diem Add-on Amounts											
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 Srvs)	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 Srvcs)	Ln 19 Cal 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	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$183,03	\$99,03	\$0.00	\$17.21	\$19.29	\$0.00	\$35.48	\$3.07	\$8.22	\$0.73
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$124.45					•				

CASE MIX BASED RATE CALCULATIONS		rovider; Decatur Health and Rehab Ctr rvdr ID: 00059452A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020	•	owth Allowance: htrly BIMS score	36.7%	Add-on Percent 13,37% 2,5% 3,0%		Quarterly	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1,7909 1,7091 1,7409	State- wide 1.3617 1.5138 1.5405
CASE MIX BASED RATE CALCULATIONS 1 Cost Center Rev. Groups Type of Standards A Efficiency Measure Limits Peer Group Standards Personnel (see Pointy Manual) Peer Group Standards Personnel (see Pointy Manual) Peer Group Standards Personnel (see Pointy Manual) Peer Group Standards Personnel (see Pointy Manual) Peer Group Standards Personnel (see Pointy Manual) Peer Group Standards Personnel (see Pointy Manual) Peer Group Standards Personnel (see Pointy Manual) Peer Group Standards Personnel (see Pointy Manual) Peer Group Standards Personnel (see Pointy Manual) Peer Group Standards Personnel (see Pointy Manual) Peer Group Standards Personnel (see Pointy Manual) Peer Group Standards Personnel (see Pointy Manual) Peer Group Standards Personnel (see Pointy Manual) Peer Group Standards Personnel (see Pointy Manual) Peer Group Standards Personnel (see Pointy Manual) Peer Group Standards Personnel (see Pointy Manual) Peer Group Standards Personnel (see Pointy Manual) Peer Group Standards Personnel (see Pointy Manual) Peer Group Standards Personnel (see Pointy Manual) Peer Group Standards Personnel		Description		Totals	and the state of t	and the first of the second district of	Dietary	Additional account to Edition Labor.	Operatns	and	mint at the side of the side of	and	
Cost Center Peer Groups Cost Center Peer Groups Cost Center Peer Group Standards & All Peer Group Standards & Efficiency Measure Limits All Peer Group Standards & Efficiency Measure Limits Cost Peer Group Standards & Efficiency Measure Limits				i	eliteivi b oorgan	С	d	е	Land Company	g	g	Polymorije h in germate	majilaa t aasaa
Type of Facility with Price Group AF Facilities AF Facil	5	ASE MIX BASED RATE CALCULATIONS		ļ				***					
2 Pere Group Standards: Percentile (see Poly Manual) (see	1	Type of Facility within Peer Group	(see Policy Manual)		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
Society Soci	3	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual)		100,0%	100.0%	100.0%	100.0%	THE PROPERTY OF THE PROPERTY O	105.0%			
Cost Center Costs After Audit Adjustments and Reallocations to Cost Center Costs FY12 Audited CRF S3,927,716 S2,165,119 S0 S49,561 S17,697 S192,796 S722,661 S2,645 S22,971 S37,666 S722,971 S37,667 S3,927,716 S17,697 S192,796 S722,661 S2,645 S22,971 S37,667 S3,927,716 S3,		Base Period Per Diem Allowed Amounts											
7 Cost Center Costs After Audit Adjustments	5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpl	\$3,960,862	\$2,146,119	\$0	\$430,561	\$171,697	\$192,796	\$756,329	\$2,645	\$260,715	\$0
Recommendation Free Composit		-	•			I		\$0	\$0	(\$33,468)		(\$36,744)	\$37,066
Total Nursing Facility Days GL-PL Ins. Rpt	1 '				\$2,146,119	\$0	\$430,561	\$171,697	\$192,796	\$722,861	\$2,645	\$223,971	\$37,066
Society Soci	8		•	23,853									
Base Pariod Facility Case Mix Index for All Residents from 4 qtrs of PY12 1,7909 S50,24 S50,25 S50,24 S50,25 S50,24 S50,25 S50,24 S50,25 S50,24 S50,25 S50,24 S50,25 S50,24 S50,25 S50,24 S50,24 S50,25 S50,24 S50,25 S50,24 S50,25 S50,24 S50,24 S50,25 S50,24 S50,25 S50,24 S50,25 S50,24 S50,24 S50,25 S50,25 S50,25 S50,25 S50,25 S50,25 S50,25 S50,25 S50,25 S50,25 S50,25 S50,25 S50,25 S50,25 S50,25 S50,25 S50,		· '		2424.05	***	** **					1 1		
11 Routine Sivics Case Mix Adjetid (CMA) Net Per Diem	1	·		\$104,03		\$0.00	\$18.05	\$15.28	(With L&H)	\$30.30	\$0.11	\$9.39	\$1,55
12 Net Per Diems after Case Mix Adjistmt to Routine Srvcs	1	-	•										
13 Per Diem Standards (After Statewide CMA for Routine Sives) Per Peer Group Limits S71,51 S0,00 S18,41 S23,09 S20,56 S0,00 NIA 14 Base Period Case Mix Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 S118,99 S50,24 S0,00 S18,05 S15,28 S20,56 S0,11 13,20 S1,50 Quarterly Per Diem Rate Prior to Add-ons GFRV 15 Growth Allowance Percentage = 13,37% Ln 14 x Grink Allowance Percentage = 13,37% Ln 14 x Grink Allowance Percentage = 13,37% Ln 14 x Grink Allowance Percentage = 13,37% S13,91 S56,96 S0,00 S2,41 S2,04 S0,00 S2,75 NIA NIA NIA 16 CMA Allowed Per Diem (After Growth Allowance Add-on) Ln 14 + Ln 15 S13,291 S56,96 S0,00 S20,46 S17,32 S0,00 S23,31 S0,11 S13,20 S1,50 17 Quarterly Facility Case Mix Index for Medicaid Residents per Current Off End Ln 16 x Ln 17 S99,16 18 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 S175,11 S99,16 S0,00 S20,46 S17,32 S0,00 S23,31 S0,11 S13,20 S1,50 Quarterly Per Diem Add-on Amounts Circle Control of		l · · ·				\$0.00	\$18.05	\$15.28		530.30	\$0.11	\$0.30	91 55
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 \$50.11 \$13.20 \$1.55	1	<u>-</u>	per Peer Group Limits			, , , , ,				1	, , , , ,	*	\$1,00
Quarterly Per Diem Rate Prior to Add-ons CMA Allowed Per Diem (After Growth Allowance Add-on) Ln 14 x Grwth Allwinc % \$13.92 \$6.72 \$0.00 \$2.41 \$2.04 \$0.00 \$2.75 N/A	14	· · · · · · · · · · · · · · · · · · ·	Lesser of Ln 12 or Ln 13	\$118.99			1				1 1	13,20	\$1.55
CMA Allowed Per Diem (After Growth Allowance Add-on)		Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
17 Quarterly Facility Case Mix Index for Medicaid Residents per Current Otr End Quirty Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Ln 16 x Ln 17	15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$13.92	\$6.72	\$0.00	\$2.41	\$2.04	\$0.00	\$2.75	N/A	N/A	N/A
18 Ortrly Routine Srvcs Case Mix Adjistd (CMA) Net Per Diem	16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$132.91	\$58,96	\$0.00	\$20,46	\$17.32	\$0.00	\$23.31	\$0.11	\$13.20	\$1.55
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 \$1,50	1	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.7409</u>								
Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	1												
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	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
21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs) Ln 19 Cot b x CPS Add-on \$2.48 \$2.48 \$22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) Ln 19 Cot b x Sting Add-on \$2.97 \$		Quarterly Per Diem Add-on Amounts											
22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) 23 Nursing Home Provider Fee (Fixed Amount) \$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.	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	
23 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$ \$ \$17.10 \$ \$1	1	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.48	\$2.48								
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 \$1.50	1	-	Ln 19 Col b x Stfng Add-on	\$2.97	\$2.97								
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 \$1.50		_	,	\$17.10						\$17.10			
7.0.2 7	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
26 Quarterly Per Diem Rate for Bed Hold and Leave Days (Lp.25 - Lp.23) * 0.75 \$136.29	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
7100.60	26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - l.n 23) * 0,75	\$136.29									

Facility Add-on State-Facility Delmar Gardens of Gwinnett, Inc. Provider: Add-on Data and Percentages Score Percent Case Mix Index (CMI) Data Specific wide 00395161A Prvdr ID: N/A Growth Allowance: 13.37% Base Period Overall CMI: 1,2576 1.3617 Case Mix Per Diem Rate Effective Date: 10/1/2020 Qtrly BIMS score 19,4% 0.0% Quarterly Medicaid CMI: 1,4802 1.5138 MDS & Nurse Hrs Data per Quarter Ending: 06/30/20 Nurse Hours per On-Site Day/Quality Incentive: 3,73 2.0% Orthy Moaid CMI w RUG Woht Options: 1,5035 1.5405

	MDS & Nurse His Data per Quarter Ending:	06/30/20 Nurse Hours p	er On-Site Day/C	tuality incentive:	3,73	2.0%	Qrtrly Mcaid	CMI w RUG	Wght Options:		1,5035	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	С	d	е	applied frequen	9	g	projecto h ji komil	3575 v 1 3355
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90,0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
_	Base Period Per Diem Allowed Amounts		_									
5	As Filed Cost Center Costs (Routine & Special Srycs 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 FY12 Audited C/R	(\$627,613)	\$1,511	\$0	\$0	(\$6,330)	1		, ,	(\$515,944)	\$21,519
8	Cost Center Costs After Audit Adjustments Total Nursing Facility Days As Filed Days = 23,172	FY12 Audited C/R Days	\$4,020,398	\$1,979,557	\$0	\$557,581	\$319,001	\$326,454	\$630,278	\$29,732	\$156,276	\$21,519
ľ		FY 18 GL-PL ins Rpt Days	23,172									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,614	Ln 7 / Ln 8 Col a	0470.50	****	40.00					21,614		
10	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	from 4 glrs of FY12	\$173,59	\$85.43	\$0.00	\$24.06	\$27.85	(with L&H)	\$27,20	\$1.38	\$6.74	\$0.93
11	Base Period Facility <u>Case Mix Index</u> for All Residents Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		1.2576								
12	Net Per Diems after Case Mix Adjstmt to Routine Srycs	RS = Ln 11, AllOthr = Ln 9		\$67.93 \$67.93	\$0.00	\$24.06	\$27.85		607.00	64.00	00.74	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$24.06	\$27.00		\$27.20 \$20.56	\$1,38 \$0.00	\$6.74 N/A	\$0.93
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$141,69	\$67,93	\$0.00	\$10.41	\$23.09		\$20.56	\$0.00 \$1,38	9,39	\$0.93
l ''	Buss I shad state this rejected rile four of Brein	20000 01 21 12 31 21 10	\$141,03	Ç6,10¢	\$0.00	\$10,41	\$25.09		\$20.56	\$1,30	9.39 (FRV)	\$0.93
	Quarterly Per Diem Rate Prior to Add-ons										(,,,,,,	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$17.38	\$9.08	\$0.00	\$2.46	\$3,09	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$159.07	\$77.01	\$0,00	\$20.87	\$26.18	\$0.00	\$23.31	\$1.38	\$9.39	\$0,93
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.5035</u>								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.78								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlhr = Ln 16	\$197.84	\$115.78	\$0,00	\$20.87	\$26.18	\$0,00	\$23.31	\$1.38	\$9.39	\$0,93
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Sind - 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 Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00	72,00	75.00	45.50	\$5.50	40.00		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2,32	\$2,32								
23	Nursing Hame 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		2				!	•		

1	ovider: Delmar Gardens of Smyrna	-	Add-on Data and		Facility Score	Add-on Percent	Cas	se Mix Index ((-	Facility Specific	State- wide
PA	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020 06/30/20 Nurse Hours		owth Allowance: htrly BIMS score huality Incentive:	41.8%	13.37% 2.5% 3.0%	Qrtrly Mcaid		d Overall CMI: Medicaid CMI: Wght Options:		1.2475 1.3646 1.3853	1.3617 1.5138 1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	· C	d	e	india france	g	g	gggggght e i.	and I
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
	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 4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
		(see Policy Maridal)		\$0.55	\$0,00	\$0.22	\$0.41		\$0.37			
- 1	Base Period Per Diem Allowed Amounts	1 57 (5)(a a to 5) (a to 5)										
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	40,220,200	\$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 FY12 Audited C/R	(\$262,391)	(\$4,960)	\$0	\$0	(\$431)	(\$582)	(\$105,246)	i	(\$192,666)	\$41,494
8	Cost Center Costs After Audit Adjustments	FY12 Audited C/R Days	\$5,967,409	\$3,276,745	\$0	\$698,667	\$362,034	\$489,744	\$775,373	\$54,596	\$268,756	\$41,494
۰	Total Nursing Facility Days As Filed Days = 41,854 Total Nursing Facility Days CL Rt. Inc. Pet. As Filed Days = 33,355	FY 18 GL-PL Ins Rpt Days	41,854									
9	Total Nursing Facility Days GL-PL Ins, Rpt As Filed Days = 38,265 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	En 7/En 8 Col a	\$142.70	\$78.29	\$0.00	640.50		4.70.1010	240.50	38,265	į.	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	\$142.70	1,2475	\$0,00	\$16.69	\$20.35	(with L&H)	\$18.53	\$1.43	\$6.42	\$0,99
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$62.76								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$62.76	\$0,00	\$16,69	\$20.35		\$18,53	\$1.43	\$6.42	\$0.9
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$02.70 \$71.51	\$0.00	\$18.41	\$20.33		\$10.55	\$0.00	\$6.42 N/A	\$0,9
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$130.91	\$62.76	\$0.00	\$16.69	\$20.35		\$18.53	\$1.43	10,16	\$0.9
			\$100,01	402.70	Ψ0.00	\$10.00	\$2,0,03		\$10.55	\$1.40	(FRV)	\$0,5
- 1	Quarterly Per Diem Rate Prior to Add-ons											
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 18	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3853								
19	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	Ln 16 x Ln 17 RS = £n 18, AllOthr = £n 16	\$174.14	\$98,56 \$98.56	\$0,00	\$18.92	\$23.07	\$0.00	\$21.01	\$1.43	\$10,16	\$0.9
	Quarterly Per Diem Add-on Amounts											
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 Srvs)	Ln 19 Cal b x CPS Add-on	\$1.33	\$2.46	\$5,00	\$0,22	90.41	\$0.00	40.07		\$0,00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.96	\$2.96								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	720					\$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 Davs	(Ln 25 - Ln 23) * 0.75	\$135.82			l I	***************************************	<u> </u>	<u> </u>	!	L	1

Facility

State-

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

Facility

Add-on

1	Provider: Douglasville Nursing and Rehab Ctr. Prvdr ID: 00141083A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020		owth Allowance: Virly BIMS score		Add-on Percent 13.37% 1.0% 3.0%		Quarterly	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.5626 1.4592 1.4842	State- wide 1,3617 1,5138 1,5405
Line	e Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	e e	f	g	g	h	siessa i meen
<u>c</u>	CASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85,0% 100,0% \$0,41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Srvcs	Ln 7 / Ln 8 Col a	\$146,56	\$87.81	\$0.00	\$15.02	\$13.63	(with L&H)	\$17.24	\$1.16	\$10.41	\$1.29
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.5626</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.19								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = £n 11, AllOthr = Ln 9		\$56.19	\$0.00	\$15.02	\$13.63		\$17.24	\$1.16	\$10.41	\$1.29
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$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	\$1.29
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	! -	Ln 14 x Grwth Allwisc %	\$13.64	\$7.51	\$0.00	\$2.01	\$1.82	\$0.00	\$2.30	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$132,52	\$63.70	\$0.00	\$17.03	\$15.45	\$0.00	\$19.54	\$1,16	\$14.35	\$1.29
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.4842</u>								

Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem

Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)

Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)

Quarterly Medicaid CMA Allowed Per Diem

Total Quarterly Per Diem Add-on Amounts

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

25 | Quarterly Case Mix Based Per Diem Rate

Quarterly Per Diem Add-on Amounts

BIMS Add-on Per Diem =

Nursing Home Provider Fee

18

19

20

21

22

23

24

\$163.36

\$1.53

\$0.95

\$2,84

\$17.10

\$22.42

\$185.78

\$126.51

\$94.54

\$94.54

\$0.53

\$0.95

\$2.84

\$4.32

\$98.86

\$0,00

\$0,00

\$0,00

\$0.00

\$17.03

\$0.22

\$0.22

\$17,25

\$15.45

\$0.41

\$0.41

\$15.86

\$0,00

\$0,00

\$0.00

\$0.00

\$19.54

\$0.37

\$17.10

\$17.47

\$37.01

\$1.16

\$0.00

\$1,16

Ln 16 x Ln 17

RS = Ln 18, AllOthr = Ln 16

(see Policy Manual)

Ln 19 Col b x CPS Add-on

Ln 19 Col b x Sting Add-on

(Fixed Amount)

Sum of Lns 20 thru 23

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

1.0% (to Routine Srvs)

\$14,35

\$0,00

\$0.00

\$14.35

\$1.29

\$0,00

\$1.29

	Provider: Dublinair Health & Rehab Center Prodr ID: 00059947A Case Mix Per Diem Rate Effective Date:	— 10/1/2020	_	Percentages owth Allowance:		Add-on Percent 13,37% 2,5%	Cas		CMI) Data d Overall CMI; Medicaid CMI:		Facility Specific 1.2467 1.5879	State- wide 1,3617 1,5138
	MDS & Nurse Hrs Data per Quarter Ending:	06/30/20 Nurse Hours	er On-Site Day/C	luality Incentive:	3,19	3.0%	Ortrly Mcaid		Wght Options:		1.6163	1.5405
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Main!	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
12/15/1			a	jihan p b agasa	C	d	e de la composition de la composition de la composition de la composition de la composition de la composition	39443 f (944)	9	g	h diameter	gajāta i m .
<u> </u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Mulliplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90,0% 100,0% \$0,53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85,0% 100,0% \$0,41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,803,623	\$3,311,191	so	\$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	\$5,645,448	\$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 Srvcs	£n 7 / £n 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	*	from 4 qtrs of FY12		<u>1.2467</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54,46								
12	1	RS = Ln 11, AllOthr = Ln 9		\$54.46	\$0.00	\$15,83	\$16.02		\$11.53	\$4.25	\$0.23	\$0.98
13		per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$23,09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of La 12 or La 13	\$111.06	\$54.46	\$0.00	\$15.83	\$16.02		\$11.53	\$4.25	7.99 (FRV)	\$0,98
	Quarterly Per Diem Rate Prior to Add-ons										11117	
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		<u>1.6163</u>								
18	,	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
	Quarterly Per Diem Add-on Amounts											
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-an Per Diem = 2.5% (to Routine Srvs)	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 Srvcs)	Ln 19 Col b x Strng 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						*	t		
	· · · · · · · · · · · · · · · · · · ·		ا									

1	Dunwoody Health and Rehab Ctr 00815295A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020		owth Allowance: htty BIMS score	24.6%	Add-on Percent 13.37% 1.0% 2.0%			d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1,6363 1,7509 1,7828	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
CA	SE MIX BASED RATE CALCULATIONS		а	b.	C	d	ilea e la l e ración de	f	g	g	<u>r , segueh sesseijä</u>	aganalesse
\perp	110000000000000000000000000000000000000											
1 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 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41	*************************************	50,0% 105,0% \$0.37			
1	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$524,465)	\$0	\$0	\$0	\$0	\$0	(\$529,813)		(\$199,784)	\$205,132
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$13,747,716	\$8,525,338	\$0	\$1,279,369	\$494,884	\$709,673	\$1,994,276	\$5,773	\$533,271	\$205,132
8	Total Nursing Facility Days As Filed Days = 73,805	FY12 Audited C/R Days	73,805									
	Total Nursing Facility Days GL-Pt, Ins. Rpt As Filed Days = 71,443	FY 18 GL-PL Ins Rpt Days								71,443		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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		<u>1.6363</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9/£n 10		\$70.59								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20,56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	£esser of Ln 12 or Ln 13	\$145.34	\$70.59	\$0.00	\$17.33	\$16.32		\$20.56	\$0,08	17.68 (FRV)	\$2.78
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	546.60	60.44	60.00	E0.00	20.40	40.00	40.75			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$16.69 \$162.03	\$9,44 \$80.03	\$0.00 \$0.00	\$2.32 \$19.65	\$2.18 \$18.50	\$0.00 \$0.00	\$2.75 \$23.31	N/A	N/A	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$102.03	1.7828	\$0,00	318,00	\$16.50	\$0.00	\$23,31	\$0.08	\$17.68	\$2.78
18	Ortrly Routine Srvcs 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
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1,16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1,43	\$1,43								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting 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 0	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 0	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$172.59									

Provide Prvdr IE		10/1/2020 06/30/20 Nurse Hours		owth Allowance: Orly BIMS score		Add-on <u>Percent</u> 13,37% 5,5% 3,0%		Quarterly	CMI) Data d Overail CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1,3784 1,5492 1.5756	State- wide 1.3617 1.5138 1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskong	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b 1000	С	d	i e i i e e e e e e e e e e e e e e e e	5009 1 3999	g	g	h	Allega, le 1941.
CASE	MIX BASED RATE CALCULATIONS											
1 Cos	t Center Peer Groups Type of Facility within Peer Group Bed Size Renge within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	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 Pe 3 Pe	r Group Standards & Efficiency Measure Limits eer Group Standards: Percentile eer Group Standards: Multiplier ficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100,0% \$0,53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85,0% 100,0% \$0,41		50.0% 105.0% \$0,37			
Base	e Period Per Diem Allowed Amounts											
5 As	Filed Cost Center Costs (Routine & Special Srycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$3,453,079	\$1,892,596	\$0	\$325,176	\$164,064	\$271,199	\$508,824	\$114,722	\$176,498	\$0
6 Au	dit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$67,575)	(\$915)	\$0	(\$1,864)	(\$7,755)	(\$12,820)	(\$37,510)		(\$33,888)	\$27,177
7 Co	st Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,385,504	\$1,891,681	\$0	\$323,312	\$156,309	\$258,379	\$471,314	\$114,722	\$142,610	\$27,177
8	Total Nursing Facility Days As Filed Days = 20,477	FY12 Audited C/R Days	20,477									
'	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,726	FY 18 GL-PL Ins Rpt Days								27,726		
1 1	t Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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
1 1	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.3784</u>								
1 1	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67,02								
12 Ne	t Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$67.02	\$0,00	\$15.79	\$20.25		\$23.02	\$4.14	\$6.96	\$1,33
!!	r Diern Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$23.09		\$20,56	\$0.00	N/A	
14 Ba	se 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
Quar	rterly Per Diem Rate Prior to Add-ons										(FRV)	
15 Gr	owth Allowance Percentage = 13.37%	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 CN	AA 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
i I	Quarterly Facility Case Mix Index for Medicald Residents	per Current Qtr End		<u>1.5756</u>								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 16 x En 17		\$119.71								
19 Qu	arterly 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
Quar	rterly Per Diem Add-on Amounts											
	iciency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21 Bin	MS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$6.58	\$6.58								
22 Nu	rse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.59	\$3,59								
1	rsing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24 Tol	tal 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 Quar	rterly 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 Quar	rterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$157.55						·····			

Facility

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

Facility

Add-on

3	vider: Early Memorial Nursing Home dr ID: 00140874A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:			owth Allowance: Otrly BIMS score	19,7%	Percent 13,37% 0,0% 3,0%		Quarterly	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		1.2350 1.3213 1.3437	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
			а	05/05: b =0.00	C	d d		1999 1 1899	g	g	effects h erry a	College Account
CA	SE MIX BASED RATE CALCULATIONS											
1 0	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41	TO THE REAL PROPERTY OF THE PR	50.0% 105.0% \$0,37			
E	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	\$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 Srvcs	Ln 7 / Ln 8 Col a	\$183,44	\$76.01	\$0.00	\$17.76	\$32.01	(with L&H)	\$56,57	\$0.00	\$1.09	\$0,00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2350								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9 / Ln 10		\$61.55								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = £n 11, AllOthr = £n 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 Stvcs)	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	\$0.00
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwac %	\$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								į
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93,76								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlhr = 1,n 16	\$172.12	\$93.76	\$0.00	\$20.13	\$26.18	\$0.00	\$23.31	\$0.00	\$8.74	\$0.00
	luarterly Per Diem Add-on Amounts											
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	8IMS Add-on Per Diem = 0.0% (to Routine Srvs)	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 Srvcs)	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 C	uarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$192.78	\$97.10	\$0.00	\$20.35	\$26.18	\$0.00	\$40.41	\$0.00	\$8.74	\$0.00
						I		<u> </u>	1	1		

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$131.76

(Ln 25 - Ln 23) * 0.75

Facility

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

Facility

Add-on

Prov	rider: East Lake Arbor ir ID: 00140137A		Add-on Data and	Percentages	Score N/A	Percent 13,37%	Cas	se Mix Index (CMI) Data d Overall CMI	-	Specific .	wide
.,,,	Case Mix Per Diem Rate Effective Date; MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020 06/30/20 Nurse Hours		Qtriy BIMS score	26.7%	1,0% 3,0%	Qrtrly Mcaio		Medicaid CMI		1,2163 1,8805 1,9174	1.3617 1.5138 1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Diefary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	r	d de	е	Signal F	g	g		guero Iri
CAS	SE MIX BASED RATE CALCULATIONS											
1 C	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 3	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90,0% 100,0% \$0,00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
B	Base Period Per Diem Allowed Amounts											
l	As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpf	\$4,536,622	\$2,343,652	\$0	\$517,435	\$269,383	\$319,818	\$686,805	\$112,768	\$286,761	\$0
	Audit Adjustments and Realiocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$171,960)	\$0	\$0	\$1,371	\$205,560	\$0.00	(\$173,331)	1	(\$50,727)	\$50,727
i i	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,364,662	\$2,343,652	so	1	\$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				, , , , , , , , , , , , , , , , , , , ,		12.13,11	1		400,12
	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 Srvcs	£n 7 / Ln 8 Col a	\$137.88	\$73.82	\$0.00	\$16.34	\$18.56	(with L&H)	\$16.17	\$3,96	\$7.43	\$1.66
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2163								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Լո 9 / Լո 10		\$60.69								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$60,69	\$0.00	\$16.34	\$18,56		\$16.17	\$3.96	\$7.43	\$1.6
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$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	\$1.6
١	uarterly Per Diem Rate Prior to Add-ons										(FRV)	
[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
- 1	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	\$1,6
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1,9174								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$131.92								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$204.98	\$131.92	\$0.00	\$18.52	\$21.04	\$0.00	\$18.33	\$3.96	\$9,61	\$1.60
0	tuarterly Per Diem Add-on Amounts											
	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	
	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	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 Srvcs)	Ln 19 Coi b x Sting Add-on	\$3.96	\$3,96					1			
23	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 Q	luarterly 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

\$158.84

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

	Provider: Prvdr ID:	Eastman Healthca 00141974A	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/01/20 06/30/20 Nurse			th Allowance: ly BIMS score	Facility Score N/A 23.9% 2.56	Add-on <u>Percent</u> 13.37% 1.0% 3.0%			d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.1568 1.3749 1.4002	State- wide 1.3699 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
	ACE M	IV DACED DATE CAL	CILI ATIONS			а	b	С	d	е	f	g	g	h	i
_		IX BASED RATE CAL	COLATIONS												
1	Ty	Center Peer Groups ope of Facility within Peer Group and Size Range within Peer Group		(see Policy Manu	ual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
		iroup Standards & Efficien													
3 4	Peer	Group Standards: Percentile Group Standards: Multiplier ency Measure Maximums (s		(see Policy Manu (see Policy Manu (see Policy Manu	ual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Dana D	Period Per Diem Allowed A													
5		ed Cost Center Costs (Rou		As Filed FY13 C	c/R	\$4,003,070	\$1.828.756	\$0	\$522,255	\$219,608	\$263,433	\$572,820	\$33,237	\$562,961	\$0
6		Adjustments and Reallocation		FY13 C/R Audit Ad	istmts	(\$58,783)	\$287	\$0	\$0	\$0	\$0	(\$54,036)	ψου,Ξυ.	(\$21,752)	\$16,718
7		Center Costs After Audit Adj		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	Tota	al Nursing Facility Days	As Filed Days = 31,945	FY13 Audited C/R	Days	31,945									
	Tota	al Nursing Facility Days GL-	PL Ins. Rpt As Filed Days = 32,353	FY 18 GL-PL Ins Rp	t Days								32,353		
9	Net P	er Diems prior to Case Mix A	Adjstmt to Routine Srvcs	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	Bas	e Period Facility Case Mix I	ndex for All Residents	from 4 qtrs of FY	/10		<u>1.1568</u>								
11	Rou	itine Srvcs Case Mix Adjstd	(CMA) Net Per Diem	Ln 9 / Ln 10			\$49.50								
12		er Diems after Case Mix Adj	stmt to Routine Srvcs	RS = Ln 11, AllOthr			\$49.50	\$0.00	\$16.35	\$15.12		\$16.24	\$1.03	\$16.94	\$0.52
13		iem Standards (After Statewic		per Peer Group Li			\$73.90	\$0.00	\$19.14	\$23.27		\$23.46	\$0.00	N/A	
14	Base	Period Case Mix Adjusted A	Illowed 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
	Quarte	erly Per Diem Rate Prior to	Add-ons											(,,,,,	
15	Growt	th Allowance Percentage =	<u>13.4%</u>	Ln 14 x Grwth Allw	nc %	\$13.00	\$6.62	\$0.00	\$2.19	\$2.02	\$0.00	\$2.17	N/A	N/A	N/A
16	CMA A	Allowed Per Diem (After Grov	vth Allowance Add-on)	Ln 14 + Ln 15	i	\$119.60	\$56.12	\$0.00	\$18.54	\$17.14	\$0.00	\$18.41	\$1.03	\$7.84	\$0.52
17		arterly Facility Case Mix Inde		per Current Qtr E			1.4002								
18		ly Routine Srvcs Case Mix A	, , ,	Ln 16 x Ln 17			\$78.58								
19	Quart	erly 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
	Quarte	erly Per Diem Add-on Amou	unts												
20	Efficie	ency Add-on Per Diem ([Stne	d - Alwd] x .75, up to max, or 0)	(see Policy Manu	ual)	\$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 Srvs)	Ln 19 Col b x CPS A		\$0.79	\$0.79								
22		•	Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng /		\$2.36	\$2.36								
23		ng Home Provider Fee		(Fixed Amount	•	\$17.10						\$17.10			
24	Total	Quarterly Per Diem Add-on	Amounts	Sum of Lns 20 thr		\$21.78	\$3.68	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarte	erly Case Mix Based Per Di	em Rate	Ln 19 + Ln 24		\$163.84	\$82.26	\$0.00	\$18.76	\$17.55	\$0.00	\$35.88	\$1.03	\$7.84	\$0.52
26	Quarte	rly Per Diem Rate for Bed	Hold and Leave Days	(Ln 25 - Ln 23) * (0.75	\$110.06									

!	wider. Eastview Nursing Home 00140885A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020		owth Allowance; trly BIMS score	50.0%	Add-on Percent 13.37% 5.5% 2.0%		Quarterly	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1,4001 1,6070 1,6375	State- wide 1.3517 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
44.834			а	b	С	d	Militarity early in a	Britis 1 City	g	::::::: ::::::::::::::::::::::::::::		Agir i
C.A	SE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0,00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$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	FY12 Audited C/R Days	29,341									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,662	FY 18 GL-PL Ins Rpt Days								25,662		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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		<u>1.4001</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$43,56								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$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
1 1	Quarterly Per Diem Rate Prior to Add-ons										,,	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwric %	\$12.26	\$5.82	\$0.00	\$1.68	\$2.48	\$0.00	\$2.28	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$115.70	\$49.38	\$0.00	\$14.28	\$21.05	\$0,00	\$19,32	\$2.96	\$7.78	\$0.93
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.6375</u>								
18	Orthy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 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
	Quarterly Per Diem Add-on Amounts											
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 Srvs)	Ln 19 Col b x CPS Add-on	\$4.45	\$4.45								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	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 + £n 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						<u></u>			

1	onton Health & Rehabilition Center 23473A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020		owth Allowance:	36.2%	Add-on Percent 13.37% 2.5% 3.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.3434 1.4451 1.4663	State- wide 1,3617 1,5138 1,5405
Line #	Description	Sources <i>I</i> Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
			9 see on a (1,040)	b	Part Charles	d	ing and early and	\$60399 f (3465);	g	g	eng ayer h ala (1973)	ecos t erre
	ASED RATE CALCULATIONS											
	Peer Groups Facility within Peer Group Beange within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	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 3	tandards & Efficiency Measure Limits Standards: Percentile Standards: Multiplier easure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90,0% 100,0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Base Period P	Per Diem Allowed Amounts											
5 As Filed Cos	t Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$4,078,892	\$2,283,700	\$0	\$430,471	\$226,312	\$291,229	\$524,326	\$100,611	\$222,243	\$0
	ments and Reatlocations 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
1 1	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
	sing Facility Days As Filed Days = 28,786	FY12 Audited C/R Days	28,786									
1 1	sing Facility Days GL-PL Ins. Rpt As Filed Days = 28,030	FY 18 GL-PL Ins Rpt Days Ln 7 / Ln 8 Col a	0444.00	470.07	\$0.00	444.00	448.00			28,030	47.07	
! I	ns prior to Case Mix Adjstmt to Routine Srvcs	from 4 qtrs of FY12	\$141.33	\$79.27	\$0,00	\$14.89	\$18.09	(with L&H)	\$17.65	\$3,59	\$7.27	\$0.57
	od Facility <u>Case Mix Index</u> for All Residents rvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		<u>1.3434</u> \$59.01								
	ns after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$59.01	\$0.00	\$14.89	\$18.09		\$17.65	\$3,59	\$7.27	\$0.57
	andards (After Statewide CMA for Routine Styce)	per Peer Group Limits		\$71.51	\$0.00	\$14.03	\$23.09		\$20.56	\$0.00	\$1.21 N/A	\$0.31
1	Case Mix Adjusted Allowed Per Diem	Lesser of En 12 or Ln 13	\$122.56	\$59.01	\$0.00	\$14.89	\$18.09		\$17.65	\$3.59	8.76	\$0.57
				4 (-)	4	311.00	410.00			40.00	(FRV)	\$5.01
1 1	Diem Rate Prior to Add-ons	1 - 44 - O45 Att W		47.00	** **		** **					
	vance Percentage = 13.37%	Ln 14 x Grwth Allwric % Ln 14 + Ln 15	\$14.66	\$7,89	\$0.00	\$1.99	\$2.42	\$0.00	\$2.36	N/A	N/A	N/A
1	d Per Diem (After Growth Allowance Add-on) Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$137.22	\$66.90 1.4663	\$0.00	\$16.88	\$20,51	\$0,00	\$20.01	\$3,59	\$8,76	\$0.57
1 .	tine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.10								
	dicaid CMA Allowed Per Diem	RS = 1,n 18, AliOthr = 1,n 16	\$168,42	\$98,10	\$0.00	\$16.88	\$20.51	\$0.00	\$20.01	\$3.59	\$8.76	\$0.57
Quarterly Per	Diem Add-on Amounts											
1 1	id-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-or	1	Ln 19 Col b x CPS Add-on	\$2.45	\$2.45			, ,,,,,					
1 1	Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.94	\$2.94								
23 Nursing Hom	ne Provider Fee	(Fixed Amount)	\$17,10						\$17.10			
24 Total Quarter	rly 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 Cas	e 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				· · · · · · · · · · · · · · · · · · ·					

\$17.10

\$17.10

\$40.41

\$0.00

\$2.93

\$0.00

\$10,34

\$0.00

\$0.70

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

Add-on

Facility

	Provider: Effingham Extended Care Facility Prvdr ID: 00140907A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:			owth Allowance: otrly BIMS score	29,8%	Add-on Percent 13.37% 1.0% 3.0%		Quarterly	CMI) Data d Overall CMI; Medicaid CMI; Wght Options;		Facility <u>Specific</u> 1.2538 1.2252 1.2425	State- wide 1.3617 1.5138 1.5405
Line		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
100			a a	b b	eginder Comment	2.55 d .6500	e	f f	g	g	h h	81.14 1 1 1 1 1 1
9	CASE MIX BASED RATE CALCULATIONS			İ				and the same of th				
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90,0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105.0% \$0,37			
	Base Period Per Diem Allowed Amounts											
5		As Filed FY12 C/R -FY 2018 GL-PL Rp	\$8,499,706	\$3,860,186	\$0	\$1,189,791	\$579,868	\$493,633	\$1,863,313	\$106,864	\$406,051	so
6	1	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 1	\$594,766	\$506,314	\$1,760,262	\$106,864	\$390,416	\$26,066
8	Total Nursing Facility Days As Filed Days = 37,034	FY12 Audited C/R Days	37,034									,,
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,424	FY 18 GL-PL Ins Rpt Days								36,424		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$81.30								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Stvcs)	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	\$0.70
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15		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 Medicald Residents	per Current Qtr End		1.2425								
18	Qrtrly Routine Srvcs 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
	Quarterly Per Diem Add-on Amounts											
20		(see Policy Manual)	\$0.00	\$0,00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21		Ln 19 Col b x CPS Add-on	\$1.01	\$1,01					1		\$0.00	
1	1			. ,	ł				Į.	1		1

\$3.02

\$17.10

\$21.13

\$218.37

\$150.95

\$3.02

\$4,03

\$104.76

\$0.00

\$0.00

\$0.00

\$33,05

\$0.00

\$26.18

\$0.00

\$0.00

Ln 19 Col b x Sting Add-on

(Fixed Amount)

Sum of Lns 20 thru 23

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

22

23

24

Nursing Home Provider Fee

Total Quarterly Per Diem Add-on Amounts

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

25 Quarterly Case Mix Based Per Diem Rate

Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Sives)

Facility

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

Facility

Add-on

	ovider: Emanuel Medical Center Nursing Home	_	Add-on Data and		Score	Percent	Cas	se Mix Index (0			Specific Specific	wide
P	vdr ID: 00140929A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020 06/30/20 Nurse Hours		owth Allowance: htrly BIMS score huality Incentive:	41.0%	13,37% 2,5% 3,0%	Qrtrly Mcaid		d Overall CMI: Medicaid CMI: Wght Options:		1.1993 1.1126 1.1288	1.3617 1,5138 1,5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	All of billion	С	d	e e	age of the	g	g	h	grijege i was j
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	1	1	1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities	All Facilities	Hosp Based	All Facilities	All Facilities	All Facilities			
	·			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100,0%	100.0%		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 Srycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,357,875	\$1,503,493	\$0	\$530,039	\$198,085	\$288,482	\$670,646	\$7,025	\$160,105	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$47,935)	\$0	\$0	\$0	\$0	\$0	(\$47,935)		(\$9,028)	\$9,028
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,309,940	\$1,503,493	\$0	\$530,039	\$198,085	\$288,482	\$622,711	\$7,025	\$151,077	\$9,028
8	Total Nursing Facility Days As Filed Days = 17,530	FY12 Audited C/R Days	17,530									
	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 Srvcs	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 <u>Case Mix Index</u> for Ali Residents	from 4 qtrs of FY12		<u>1.1993</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.52								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	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	\$0,52
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.1288</u>								
18	Ortrly Routine Srvcs 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
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stad - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0,00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	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 Stycs)	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	(Lri 25 - Ln 23) * 0.75	\$144.38					1				-

	Provider: Etowah Landing Care and Rehab Prvdr ID: Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020		owth Allowance; otrly BIMS score		Add-on Percent 13.37% 2.5% 2.0%		Quarterly i	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.3514 1.4805 1.5082	State- wide 1.3617 1.5138 1.5405
Line #	B Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Eaundry & Houskping	Plant Operatins & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			na a parti	b	Mine c	gener d gate	e	nagyű f jásagá	g	g	na jajok h rostivia	May Leas
<u>c</u>	CASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type af Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	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 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0,53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100,0% \$0,41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Sives 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									

Facility

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

Facility

Add-on

1	Provider: Evergreen Health and Rehab Prodr ID: 835154999A Case Mix Per Diem Rate Effective Date MDS & Nurse Hrs Data per Quarter Ending			owth Allowance; Nrly BIMS score	88.3%	Add-on Percent 13.37% 5.5% 3.0%		Quarterly	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1,4147 1,5590 1,5870	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
100			а	ggest b , was	C. C.	d	е	. 19.2 f - 197	g	g	egradus ga h adas Ceeta	agarda Fysiga
9	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Туре of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	To design production of the control		
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37	***************************************		
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL R	t #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 Adjstmts	(\$54,426)	(\$2,064)	\$0	(\$8,678)	\$2,075	(\$5,832)	(\$42,622)		(\$23,120)	\$25,815
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	#N/A	\$2,245,505	\$0	\$443,541	\$391,351	\$207,126	\$663,162	#N/A	\$507,935	\$25,815
8	Total Nursing Facility Days As Filed Days = 32,208	FY12 Audited C/R Days	32,208									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = #N/A	FY 18 GL-PL Ins Rpt Days								#N/A		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Coi a	\$140.69	\$69.72	\$0.00	\$13.77	\$18,58	(with L&H)	\$20.59	\$1.46	\$15.77	\$0.80
10		from 4 qtrs of FY12		<u>1.4147</u>								
11	, , , , , , , , , , , , , , , , , , , ,	Ln 9 / Ln 10		\$49,28								
12	·	RS = Ln 11, AllOthr = Ln 9		\$49.28	\$0,00	\$13,77	\$18.58		\$20.59	\$1.46	\$15.77	\$0,80
13	•	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	\$0.80
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	1	Ln 14 x Grwth Allwnc %	\$13.66	\$6.59	\$0.00	\$1.84	\$2.48	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$124.96	\$55.87	\$0.00	\$15.61	\$21.06	\$0,00	\$23,31	\$1.46	\$6.85	\$0.80
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5870								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.67								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlhr = Ln 16	\$157.76	\$88,67	\$0.00	\$15.61	\$21.06	\$0.00	\$23.31	\$1.46	\$6,85	\$0.80
	Quarterly Per Diem Add-on Amounts											
20		(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 Srvs)	Ln 19 Col b x CPS Add-on	\$4.88	\$4,88	1		, , , , , , , , , , , , , , , , , , , ,					
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.66	\$2.66								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
1	E Company of the Comp	1	1		1	I	I .	1	1	E		1

Total Quarterly Per Diem Add-on Amounts

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

25 Quarterly Case Mix Based Per Diem Rate

24

\$25,80

\$183.56

\$124.85

\$8.07

\$96.74

\$0.00

\$0.00

\$0.22

\$15.83

\$0.41

\$21.47

\$0.00

\$0.00

\$17,10

\$40.41

\$0.00

\$1.46

Sum of Lns 20 thru 23

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

\$0.00

\$6.85

\$0.00

\$0,80

1	rovider: Fairburn Health Care Center outr ID: Case Mix Per Diem Rate Effective Date; MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020		owth Allowance: http://discore	32.9%	Add-on <u>Percent</u> 13.37% 2.5% 2.0%			d Overall CMI: Medicaid CMI;		Facility <u>Specific</u> 1.2420 1.5028 1.5282	State- wide 1.3617 1.5138 1.5405
Line #	Description	Sources <i>I</i> 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
	ASS ANY DASED DATE ON OUR ATIONS		a	ber en	daug Ciada	will distant	е	f	gg	g	5900 gaga h	gytgy 🌓 y
-	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37	A CONTRACTOR OF THE PROPERTY O		
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$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)	E	\$1,847	\$0	(\$1,191)	(\$199,980)		(\$61,554)	\$68,976
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,183,293	\$2,284,951	\$0	\$432,994	\$269,487	\$314,215	\$562,774	\$131,033	\$118,863	\$68,976
8	Total Nursing Facility Days As Filed Days = 34,518	FY12 Audited C/R Days	34,518									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,265	FY 18 GL-PL Ins Rpt Days								34,265		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.30								
12 13	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = Ln 9		\$53.30	\$0.00	\$12.54	\$16.91		\$16.30	\$3.82	\$3.44	\$2,00
14	Per Diem Standards (After Statewide CMA for Routine Srvcs) Base Period Case Mix Adjusted Allowed Per Diem	per Peer Group Limits Lesser of Ln 12 or Ln 13	\$113.55	\$71,51 \$53,30	\$0.00 \$0.00	\$18.41	\$23.09		\$20,56	\$0,00	N/A	** **
14	,	Lesser of LIT 12 of Eff (3	\$113.55	\$53.30	\$0.00	\$12.54	\$16.91		\$16.30	\$3.82	8,68 (FRV)	\$2,00
4.5	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwac % Ln 14 + Ln 15	\$13.25	\$7.13	\$0,00	\$1,68	\$2.26	\$0.00	\$2.18	N/A	N/A	N/A
16 17	CMA Allowed Per Diem (After Growth Allowance Add-on) Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$126.80	\$60.43	\$0.00	\$14.22	\$19.17	\$0,00	\$18,48	\$3,82	\$8.68	\$2.00
18	Qriffy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		1.5282 \$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
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0,22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.31	\$2.31		7	73711	73.00	75.01		23,00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Slfng Add-on	\$1.85	\$1.85								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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				1					

Facility

State-

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

Facility

Add-on

1	rovider. Fifth Avenue Health Care		Add-on Data and		Score	Percent	Cas	se Mix Index (0			Facility Specific	State- wide
F	rvdr ID: 00140984A Case Mix Per Diem Rate Effective Date; MDS & Nurse Hrs Data per Quarter Ending:			owth Allowance; triy BIMS score tuality Incentive;	N/A 35.2% 3.79	13.37% 2.5% 3.0%	Ortrly Mcaio	Quarterly	d Overall CMI; Medicaid CMI; Wght Options;		1.3973 1.7620 1.7948	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
	ASE MIX BASED RATE CALCULATIONS		a	b	**************************************	d		f	g	g	night of his and his	ing ping.
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 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100,0% \$0,53	100.0% \$0.00	100.0% \$0.22	100.0% \$0,41		105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Srvcs	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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.83								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlhr = 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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$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
45	Quarterly Per Diem Rate Prior to Add-ons	1 . 44 0 15 . 11										
15 16	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwac % Ln 14 + Ln 15	\$13.77	\$7.33	\$0,00	\$1.78	\$2.29	\$0.00	\$2,37	N/A	N/A	N/A
17	CMA Allowed Per Diem (After Growth Allowance Add-on) Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qir End	\$131.38	\$62.16	\$0.00	\$15,06	\$19.40	\$0.00	\$20,11	\$4.26	\$9,59	\$0.80
18		La 16 x La 17		<u>1.7948</u> \$111.56								
19	Qrifly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem 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
	Quarterly Per Diem Add-on Amounts											
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 Srvs)	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 Stycs)	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									

Providen Prvdr ID:		10/1/2020		owth Allowance: Nrty BIMS score	Facility Score N/A 44.4% 4,02	Add-on <u>Percent</u> 13,37% 2,5% 3,0%		Quarterly	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.1859 1.1813 1.1971	State- wide 1.3617 1.5138 1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
CASE	MIX BASED RATE CALCULATIONS		: ::::::::::::::::::::::::::::::::::::	baran baran da baran da baran baran baran baran baran baran baran baran baran baran baran baran baran baran ba	C	d	e	agentification	g	g	h	Mineral Marcon
	Center Peer Groups	4 5 7 4 1		_								
Cost	Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 Pee 3 Pee	Group Standards & Efficiency Measure Limits er Group Standards: Percentile er Group Standards: Multiplier iciency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Base	Period Per Diem Allowed Amounts											
5 As	Filed Cost Center Costs (Routine & Special Stycs 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
1 1	dit 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
	st 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
	Total Nursing Facility Days As Filed Days = 49,987 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 49,766	FY12 Audited C/R Days FY 18 GL-PL ins Rpt Days	49,987									
1 1	Fotal Nursing Facility Days GL-PL Ins. Rpt As Filed Days ≈ 49,766 I Per Diems prior to Case Mix Adjstmt to Rouline Srvcs	Ln 7 / Ln 8 Col a	\$253,78	\$110.69	\$0.00	600.00	200.40		240.50	49,766		
	Base Period Facility Case Mix Index for All Residents	from 4 otrs of FY12	\$255.76	1.1859	\$0,00	\$36.26	\$38.19	(with L&H)	\$42.52	\$1.42	\$24.05	\$0.65
1 1	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$93.34								
	Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = Ln 9		\$93,34	\$0.00	\$36.26	\$38.19		\$42.52	\$1,42	\$24.05	\$0.65
	Diem Standards (After Statewide CMA for Routine Stycs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	\$2.4:05 N/A	\$0.00
	se 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	\$0,65
											(FRV)	,
1 1	terly Per Diem Rate Prior to Add-ons	Ln 14 x Grwth Allwnc %	646.20	***	-0.00	****	40.00					
	with Allowance Percentage = 13.37% IA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$19.30 \$179.76	\$9.56 \$81.07	\$0.00	\$3,90 \$33.05	\$3.09 \$26.18	\$0.00 \$0.00	\$2.75 \$23.31	N/A	N/A	N/A
1	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$179,70	1.1971	\$0.00	\$33.05	\$20.16	\$0,00	\$23.31	\$1.42	\$14.08	\$0.65
1	Orthly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.05								
	arterly 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
Quart	terly Per Diem Add-on Amounts											
1 1	ciency Add-on Per Diem ([Stnd - Atwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0,00	\$0,00	\$0.00	\$0.00	\$0.00	\$0.00		\$0,00	
21 BIM	IS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.43	\$2.43								
22 Nur	se Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Cel b x Stfng Add-on	\$2.91	\$2.91								
23 Nur	sing Home Provider Fee	(Fixed Amount)	\$17.10						\$17,10			
24 Tota	al Quarterly Per Diem Add-on Arnounts	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 Quart	terly 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 Quart	terly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$150.81						-			

	Provider: Folkston Park Care and Rehab Prodr ID: 00141006A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020		owth Allowance: Itrly BIMS score	Facility Score N/A 43.8% 3.13	Add-on Percent 13,37% 2,5% 2,0%			d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.3444 1.3594 1.3816	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
C	CASE MIX BASED RATE CALCULATIONS		a	b	Comme	d	nadiji ir e inegala	privile f seryar	9	g	<u>g grande (harring).</u>	estejle kouppy
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 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$ 0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs Combined) Audit Adjustments and Reallocations to Cost Center Costs	As Filed FY12 C/R -FY 2018 GL-PL Rpt FY12 C/R Audit Adjstmts	\$3,950,013 (\$410,109)	\$1,887,048 (\$74,049)	\$0 \$0	\$402,098 (\$6,453)	\$148,179 \$6,158	\$248,504 (\$13,614)	\$872,198 (\$325,940)	\$17,564	\$374,422 (\$16,427)	\$0 \$20,216
8	Cost Center Costs Atter Audit Adjustments Total Nursing Facility Days As Filed Days = 28,686 Total Nursing Facility Days GL-PL, Ins. Rpt As Filed Days = 27,433	FY12 Audited C/R FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	\$3,539,904 28,699	\$1,812,999	\$0	\$395,645	\$154,337	\$234,890	\$546,258	\$17,564 27,433	\$357,995	\$20,216
9 10 11	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Base Period Facility <u>Case Mix Index</u> for All Residents Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 7 / Ln 8 Col a from 4 qtrs of FY12 Ln 9 / Ln 10	\$123.36	\$63,17 <u>1.3444</u> \$46,99	\$0,00	\$13.79	\$13.56	(with L&H)	\$19.03	\$0.64	\$12.47	\$0.70
12 13 14		RS = Ln 11, AllOthr = Ln 9 per Peer Group Limits Lesser of Ln 12 or En 13	\$103.00	\$46,99 \$71.51 \$46.99	\$0.00 \$0,00 \$0.00	\$13.79 \$18.41	\$13.56 \$23.09		\$19.03 \$20,56	\$0.64 \$0,00	\$12.47 N/A	\$0.70
	Quarterly Per Diem Rate Prior to Add-ons	265561 01 E11 12 01 (21 13	\$103,00	\$40,99	\$0.00	\$13.79	\$13,56		\$19.03	\$0.64	8,29 (FRV)	\$0.70
15 16 17 18	Growth Allowance Percentage = 13.37% CMA Allowed Per Diem (After Growth Allowance Add-on) Quarterly Facility Case Mix Index for Medicaid Residents Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 14 x Grwth Allwnc % Ln 14 + Ln 15 per Current Qir End Ln 16 x Ln 17	\$12.47 \$115.47	\$6,28 \$53,27 <u>1,3816</u> \$73,60	\$0,00 \$0.00	\$1.84 \$15,63	\$1.81 \$15.37	\$0,00 \$0.00	\$2.54 \$21.57	N/A \$0,64	N/A \$8.29	N/A \$0.70
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AilOthr = Ln 16	\$135.80	\$73.60	\$0.00	\$15.63	\$15,37	\$0.00	\$21.57	\$0.64	\$8.29	\$0,70
20	Quarterly Per Diem Add-on Amounts 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 22 23	BIMS Add-on Per Diem = 2.5% (to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs) Nursing Home Provider Fee	Ln 19 Col b x CPS Add-on Ln 19 Col b x Stfng Add-on (Fixed Amount)	\$1.84 \$1.47 \$17.10	\$1.84 \$1.47					\$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									

	Provider. Fort Gaines Healthcare, LLC		Add-on Data and		Facility Score	Add-on Percent	Cas	se Mix Index (0			Facility Specific	State- wide
r	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020 06/30/20 Nurse Hours p		owth Allowance; https://doi.org/10.000/10.0000/10.0000/10.00000/10.00	N/A 37.2% 2.53	13.37% 2.5% 3.0%	Oddy Mosic	Quarterly I	d Overall CMI; Medicaid CMI; Wght Options;		1.4652 1.8726 1.9092	1,3617 1,5138 1,5405
	THE CHARGE THE CALL PLANTS.		er on one bayre	county most nive.	2.00	3.078	Qiaiy wcar	CIVII W ROG	wyrit Options,		1.9092	1,3403
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-Pt. Insurance	Property and Related	Taxes and Insurance
			a a	b	- :: ::- c - ::	· d	ė	f	g	g	10.70 41 h 144	- 1,
2	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85,0% 100,0% \$0,41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Srvcs	Ln 7 / Ln 8 Col a	\$128.34	\$55.75	\$0.00	\$14,19	\$17.02	(with L&H)	\$19.90	\$0.91	\$18,76	\$1.81
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4652								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$38,05								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$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	\$1.81
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$11,93	\$5,09	\$0.00	\$1.90	\$2.28	\$0.00	\$2.66	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$122.80	\$43.14	\$0.00	\$16.09	\$19,30	\$0,00	\$22.56	\$0.91	\$18.99	\$1.81
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.9092								
18	Ontriy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.36								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$162.02	\$82.36	\$0.00	\$16.09	\$19,30	\$0,00	\$22.56	\$0,91	\$18.99	\$1.81
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0,37		\$0,00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.06	\$2.06								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting 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
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26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$126.06

(Ln 25 - Ln 23) * 0.75

	rider: Fort Valley Nursing Ctr. dr ID: 00141028A Case Mix Per Diem Rate Effective Date:	10/1/2020		I Percentages owth Allowance: Orly BIMS score		Add-on Percent 13,37% 2,5%	Cas		CMI) Data d Overall CMI: Medicaid CMI:		Facility Specific 1,5800	State- wide 1,3617
	MDS & Nurse Hrs Data per Quarter Ending:		per On-Site Day/C			2.0%	Ortrly Meale		Wght Options:		1.7837 1.8185	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	Properly and Related	Taxes and Insurance
			a a	b	С	đ	е	gianal f galling	g	g	h	Sections:
<u>CA</u>	SE MIX BASED RATE CALCULATIONS											
1 (Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90,0% 100,0% \$0,53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105.0% \$0.37			
E	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$3,307,173	\$1,561,186	\$0	\$319,664	\$185,942	\$191,225	\$538,287	\$21,740	\$489,129	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit 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 Srvcs	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		<u>1.5800</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$36.05								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Saves)	per Peer Group Limits		\$71.51	\$0,00	\$18.41	\$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	ļ	\$19.96	\$0,93	8,07 (FRV)	\$1.22
c	Quarterly Per Diem Rate Prior to Add-ons										(rav)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwih Allwnc %	\$11.19	\$4.82	\$0.00	\$1.69	\$2.01	\$0.00	\$2.67	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$105,13	\$40,87	\$0.00	\$14.36	\$17.05	\$0,00	\$22.63	\$0.93	\$8.07	\$1.22
17	Quarterly Facility Case Mix Index for Medicald Residents	per Current Qtr End		<u>1.8185</u>								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$74.32								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$138.58	\$74.32	\$0,00	\$14.36	\$17.05	\$0.00	\$22.63	\$0,93	\$8.07	\$1.22
(Quarterly Per Diem Add-on Amounts					1						
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 Srvs)	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 Srvcs)	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 0	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 C	tuarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0,75	\$107.60			, , ,		ł			·	

1	rovider: Four County Health Care Center	_	Add-on Data and		Facility Score	Add-on Percent	Ca:	se Mix Index (C		-	Facility Specific	State- wide
P	rvdr ID: 00405292A Case Mix Per Diem Rate Effective Date; MDS & Nurse Hrs Data per Quarter Ending;	10/1/2020 06/30/20 Nurse Hours		owth Allowance: Otrly BIMS score Quality Incentive:	35.4%	13.37% 2.5% 3.0%	Ortrly Moaid		d Overali CMI Medicaid CMI Wght Options		1,4294 1,3569 1,3795	1.3617 1.5138 1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
				:::: b:::::::::::	С	d	е	Allega f ageleg.	g	g	gereger h ere een g	
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90,0% 100,0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$3,426,946	\$1,730,353	\$0	\$380,321	\$199,882	\$225,155	\$457,422	\$81,486	\$352,327	s
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)	\$39,45
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	\$39,4
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 Srvcs	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.
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.4294</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.12								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$46.12	\$0.00	\$14,42	\$16.19		\$16.78	\$2.91	\$11. 99	\$1.
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$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)	\$1.5
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
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/
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.
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.3795</u>								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$72.13								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlhr = Ln 16	\$139.95	\$72.13	\$0.00	\$16.35	\$18,35	\$0,00	\$19.02	\$2.91	\$9.69	\$1.
	Quarterly Per Diem Add-on Amounts											
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 Srvs)	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 Srvcs)	Ln 19 Col b x Sting 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	\$0.0
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	\$1.5
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Lπ 23) * 0.75	\$109.08			1		I	1			1

Provider: Fox Glove Court Care and Rehab		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility <u>Specific</u>	State- wide
Prvdr ID: 00143074A		Growth Allowance:	N/A	13.37%	Base Period Overall CMI:	1.5814	1.3617
Case Mix Per Diem Rate Effective Date:	10/1/2020	Qtrly BIMS score	39.7%	2.5%	Quarterly Medicaid CMI:	1.6653	1.5138
MDS & Nurse Hrs Data per Quarter Ending:	06/30/20	Nurse Hours per On-Site Day/Quality Incentive:	3.41	3.0%	Ortrly Mcaid CMI w RUG Wght Options:	1.6961	1.5405

Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng e	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	D	С	a	е		g	g	h	!
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
		, , , ,							·			
	Base Period Per Diem Allowed Amounts	. 51 15440 075 540040 01 51 5										
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,028,377	\$2,738,111	\$0	\$508,161	\$213,847	\$380,194		\$322,292	\$516,959	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$477,587)	(\$176,249)	\$0	(\$19,614)	(\$353)	(\$22,839)	(\$257,168)		(\$47,242)	\$45,878
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,550,790	\$2,561,862	\$0	\$488,547	\$213,494	\$357,355	\$1,091,645	\$322,292	\$469,717	\$45,878
8	Total Nursing Facility Days As Filed Days = 36,744	FY12 Audited C/R Days	36,724							05.057		
	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 Srvcs	Ln 7 / Ln 8 Col a	\$151.33	\$69.76	\$0.00	\$13.30	\$15.54	(with L&H)	\$29.73	\$8.96	\$12.79	\$1.25
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.5814</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$44.11								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$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
	Quarterly Per Diem Rate Prior to Add-ons										(1114)	
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 Case Mix Index for Medicaid Residents	per Current Qtr End		1.6961								
18	Ortrly Routine Srvcs 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
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.12	\$2.12	ψ0.00	\$0.22	Ψ3.41	Ψ0.00	ψ3.00		\$5.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.54	\$2.54								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	ŢO.					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.92	\$5.19	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$181.87	\$90.01	\$0.00	\$15.30	\$18.03	\$0.00	\$40.41	\$8.96	\$7.91	\$1.25
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$123.58		I			l	l	<u> </u>		

1	ovider: Friendship Health and Rehab Center vdr ID: 00141567A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020		owth Allowance: htdy BIMS score	Facility Score N/A 42.0% 4,76	Add-on Percent 13,37% 2.5% 2.0%		Quarterly	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.2454 1.6939 1.7254	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
			а	b		454 (45 d 30 (45)	iji di kate da kata da k	g Vising f oregoing	g	g g	Paparjari h regje <u>r</u> ije	1990 - 1
<u> </u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	A		
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0,22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,733,356	\$2,028,953	\$0	\$411,774	\$326,352	\$324,682	\$528,176	\$98,067	\$15,352	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$40,141)	(\$6,289)	\$0	\$0	\$O	(\$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 Srvcs	£n 7 / £n 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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.2454</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.01								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srycs)	per Peer Group Limits		\$71.51	\$0,00	\$18,41	\$23.09		\$20.56	\$0,00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of En 12 or Ln 13	\$121.06	\$56.01	\$0.00	\$14.20	\$22,41		\$16.85	\$3.39	7.69 (FRV)	\$0,51
	Quarterly Per Diem Rate Prior to Add-ons										(,,,,,	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14.64	\$7.49	\$0.00	\$1.90	\$3.00	\$0,00	\$2,25	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$135.70	\$63.50	\$0.00	\$16.10	\$25.41	\$0.00	\$19.10	\$3.39	\$7,69	\$0,51
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.7254</u>								
18	Qrtrly Routine Srvcs 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
	Quarterly Per Diem Add-on Amounts											
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 Srvs)	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 Srvcs)	Ln 19 Col b x Sting 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				·					

	ovider: Gateway Health and Rehab Center vdr ID: 00140786A Case Mix Per Diem Rate Effective Date; MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020		owth Allowance: htrly BIMS score	31.0%	Add-on Percent 13.37% 2.5% 3.0%		Quarterly i	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:	•	Facility <u>Specific</u> 1.3591 1.6830 1.7155	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
			а	b	C.	d	Services Branching	udaga f airisa	g	g	[m] h]	
<u>C/</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility wilthin Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	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 3 4	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) (see Policy Manual) (see Policy Manual)		90,0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85,0% 100,0% \$0,41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpl	\$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)	so	\$0	so.	(\$197)	(\$26,122)		(\$8,245)	\$13,209
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,646,421	\$1,445,329	so	\$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 Srvcs	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		<u>1.3591</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.61								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = 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 Srvcs)	per Peer Group Limits	1	\$71.51	\$0,00	\$18.41	\$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
15	Quarterly Per Diem Rate Prior to Add-ons	Le 14 x Grwth Allwine %	*****	47.00								
16	Growth Allowance Percentage = 13.37% CMA Allowed Per Diem (After Growth Allowance Add-on)	LB 14 X GRWTH AIRWING 76 LD 14 + LD 15	\$14.31 \$132.02	\$7.03 \$59,64	\$0.00 \$0.00	\$1.95 \$16.57	\$2.58	\$0.00	\$2.75	N/A	N/A	N/A \$0.65
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$132.02	339.04 1.7155	\$0.00	\$10.57	\$21,85	\$0.00	\$23.31	\$3.38	\$6.62	\$0.65
18	Ortrly Routine Srvcs 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
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0,00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	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 Srvcs)	Ln 19 Col b x Sting Add-on	\$3.07	\$3.07								
23	Nursing Home Provider Fee	(Fixed Amounl)	\$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 - Lп 23) * 0,75	\$136.11									

	ovider: Gibson Health & Rehabilitation Center rdr ID: 00141116A	_	Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 13.37%	Cas	se Mix Index (CMI) Data d Overall CMI		Facility Specific 1,3210	State- wide
,	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020 06/30/20 Nurse Hours p		trly BIMS score		2.5% 3.0%	Ortrly Moaid	Quarterly	d Overall CMI Medicaid CMI Wght Options:	•	1.3210 1.4907 1.5164	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	illian beneng	C C	d	Marga e and an	attitie f .com	g	g	Alexandria (m. 1911)	i
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100,0% \$0,41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,366,989	\$2,406,999	\$0	\$463,905	\$255,790	\$294,003	\$579,783	\$99,223	\$267,286	s
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)	\$25,90
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	\$25.90
8	Total Nursing Facility Days As Filed Days = 33,226	FY12 Audited C/R Days	33,226									Ì
	Total Nursing Facility Days GL-Pt. Ins. Rpt As Filed Days = 30,654	FY 18 GL-PL Ins Rpt Days								30,654		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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	\$0.7
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3210								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.84								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = Ln 9		\$54.84	\$0.00	\$13,90	\$16.59		\$16.84	\$3.24	\$7.34	\$0.7
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20,56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or £n 13	\$115.69	\$54.84	\$0,00	\$13,90	\$16 .59		\$16.84	\$3,24	9,50 (FRV)	\$0,7
15	Quarterly Per Diem Rate Prior to Add-ons	Ln 14 x Grwth Allwnc %	240.00	67.00	20.00		** **					
16	Growth Allowance Percentage = 13.37%	Ln 14 + En 15	\$13.66 \$129.35	\$7.33 \$62.17	\$0.00 \$0.00	\$1.86	\$2.22	\$0.00	\$2.25	N/A	N/A	N/A
17	CMA Allowed Per Diem (After Growth Allowance Add-on)	per Current Qtr End	\$129.35		\$0.00	\$15.76	\$18.81	\$0.00	\$19.09	\$3.24	\$9.50	\$0.7
18	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		<u>1.5164</u> \$94,27								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$161.45	\$94.27 \$94.27	\$0.00	\$15.76	\$18,81	\$0.00	\$19.09	\$3.24	\$9.50	\$0.7
	Quarterly Per Diem Add-on Amounts											
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 Srvs)	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 Srvcs)	Ln 19 Col b x Strng 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	\$0.0
25	Quarterly Case Mix Based Per Diem Rate	La 19 + La 24	\$185.27	\$99.99	\$0.00	\$15.98	\$19.22	\$0,00	\$36.56	\$3,24	\$9.50	\$0.7
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$126.13					J				

FINAL

Provider: Glen Eagle Healthcare and Rehab Prvdr ID: 003214231A H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/01/20 06/30/20 Nurse H		Data and Percentages Growth Allowance: BIMS: le Day/Quality Incentive:	Facility Score N/A 23.1% 2.76	Add-on Percent 13,37% 1.0% 2,0%		Quarter	c (CMI) Data riod Overall CMI ly Medicaid CMI G Wght Options		Facility Specific Use Stwd 1.5812 1.6113	State- wide 1.3617 1.5138 1.5405
Line Description	Sources / Calculations	Totals	Routine Services b	Special Services c	Dietary d	Laundry & Houskpng e	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
CASE MIX BASED RATE CALCULATIONS Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons			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	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37		•	
GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 90% of Std Growth Allowance 13.37% CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt FY 2012 Peer Group Limit	\$156.56 \$16.07 \$148.62	\$71.51 \$64.36 \$8.60 \$72.96 <u>1.6113</u> \$117.57		\$18.41 \$16.57 \$2.22 \$18.79	\$23.09 \$20.78 \$2.78 \$23.56		\$20.56 \$18.50 \$2.47 \$20.97		\$36.35 \$36.35 9.31 (FRV Rate)	
Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 1.0% to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts		\$193.23 \$1.18 \$2.35 \$17.10 \$20.63	\$117.57 \$1.18 \$2.35		\$18.79	\$23.56		\$20.97 17.1		\$9.31	\$0.00
Quarterly Case Mix Based Per Diem Rate Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$147.56	\$213.85	\$121.10		\$18,79	\$23,56		\$38.07	\$3.03	\$9.31	\$0.00

1	rovider: Glenn-Mor Nursing Home		Add-on Data and		Facility Score N/A	Add-on Percent	Cas	se Mix Index (0		_	Facility Specific	State- wide
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020 06/30/20 Nurse Hours p		owth Allowance: htrly BIMS score huality Incentive:	38.8%	13,37% 2,5% 2,0%	Ortrly Meale		d Overall CMI: Medicaid CMI: Wght Options:	:	1.4211 1.2187 1.2359	1,3617 1,5138 1,5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dielary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			og a job	b		d	e e	o f	g	g	energy h romoge	garantan.
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	1	(\$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 Rpl Days								21,314		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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		<u>1.4211</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56,04								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlhr = 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 Srvcs)	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	\$0.30
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$17.23	\$7,49	\$0.00	\$3,90	\$3.09	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$157.15	\$63.53	\$0.00	\$33.05	\$26.18	\$0.00	\$23.31	\$0.61	\$10,17	\$0,30
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.2359</u>								
18	Qrtrty Routine Srvcs 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
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.96	\$1.96	75.00	75.50	\$3,00	72,00	55.00		\$3.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting 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					L		I		

Provid Prvdr I	D: 00141171A		Add-on Data and Gn	Percentages	Facility Score N/A	Add-on Percent 13.37%	Ca	se Mix Index (I Base Perio	CMI) Data d Overall CMI;	•	Facility Specific 1.1177	State- wide 1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020 06/30/20 Nurse Hours p	oer On-Site Day/C	trly BIMS score tuality Incentive:		0.0% 2.0%	Ortrly Moaid		Medicald CMI Wght Options:		1,5716 1,6021	1.5138 1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskping	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			8	b	c	d	Arijeran e rikang	f	g	g	Segregarith segretaria	estje j ares
CASE	MIX BASED RATE CALCULATIONS											
1 Cos	st Center Peer Groups Type of Facility within Peer Group Bad Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 P	er Group Standards & Efficiency Measure Limits leer Group Standards: Percentile leer Group Standards: Multiplier fficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41	AMMINISTRA A A A A A A A A A A A A A A A A A A	50.0% 105.0% \$0.37			
Bas	se Period Per Diem Allowed Amounts											
1	s Filed Cost Center Costs (Routine & Special Srvcs 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 A	udit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstrats	(\$2,096)	\$27,282	\$0	(\$418)	so.	\$155	(\$29,115)		(\$23,365)	\$23,365
7 C	ost 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				·					·•
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days ≈ 40,858	FY 18 GL-PL Ins Rpt Days								40,858		
9 N	et Per Diems prior to Case Mix Adjstrat to Routine Srvcs	lin 7 / lin 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 Case Mix Index for All Residents	from 4 qtrs of FY12		1.1177								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.90								
12 N	et Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$86.90	\$0.00	\$29.17	\$18.40		\$22.70	\$2.23	\$15.22	\$0.58
13 P	er Diem Standards (After Statewide CMA for Routine Stvcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23,09		\$20.56	\$0.00	N/A	
1	ase 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
í	arterly Per Diem Rate Prior to Add-ons											
ı	rowth Allowance Percentage = 13,37%	Ln 14 x Grwth Allwnc %	\$18,67	\$9.56	\$0.00	\$3,90	\$2.45	\$0.00	\$2.75	N/A	N/A	N/A
ĺ	MA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15 per Current Otr End	\$169.72	\$81.07	\$0.00	\$33.05	\$20,86	\$0.00	\$23.31	\$2.23	\$8,62	\$0,58
į.	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		<u>1.6021</u> \$129.88								
1	uarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOlhr = Ln 16	\$218.53	\$129.88	\$0,00	\$33.05	\$20.86	\$0.00	\$23.31	\$2.23	\$8.62	\$0.58
Qua	arterly Per Diem Add-on Amounts											
1	fficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.41	\$0,00	\$0,00	\$0.00	\$0,41	\$0.00	\$0.00		\$0.00	
- 1	MS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22 N	urse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2,60	\$2.60							ļ	
23 Ni	ursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24 To	otal 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 Qua	urterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$238.64	\$132,48	\$0.00	\$33.05	\$21,27	\$0.00	\$40.41	\$2.23	\$8.62	\$0.58
26 Qua	riterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$166.16			•			•			

1	Provider: Glenwood Health and Rehab Center Prvdr ID: Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020		owth Allowance: httly BIMS score	Facility Score N/A 39,3% 3,28	Add-on Percent 13.37% 2.5% 3.0%			d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.4921 1.3617 1.3825	State- wide 1,3617 1,5138 1,5405
Line #		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	CASE MY DASED DATE CALCULATIONS		а	b errie	С	d	**************************************	90,893 1 09689	g	e garage	ing he com	
-	CASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			100 100 100 100 100 100 100 100 100 100
2 3 4	Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0,00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$10,895,177	\$6,195,898	\$0	\$1,007,691	\$424,893	\$542,118	\$2,298,499	\$5,843	\$420,235	\$0
6		FY12 C/R Audit Adjstmts	(\$629,074)	(\$83,411)	\$0	\$0	\$0	\$21,826	(\$582,588)		(\$69,229)	\$84,328
7		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		FY12 Audited C/R Days	76,649									
1_	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 77,164	FY 18 GL-PL Ins Rpt Days								77,164		
9	,	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		from 4 gtrs of FY12 Ln 9/Ln 10		1.4921								
12		RS = Ln 11, AllOthr = Ln 9		\$53.45			***					
13	•	per Peer Group Limits		\$53.45	\$0.00	\$13.15	\$12.90		\$22.39	\$0.08	\$4,58	\$1.10
14	, ,	Lesser of Ln 12 or Ln 13	\$108.39	\$71.51 \$53.45	\$0.00 \$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
"	Dase Feriod Case Mix Aujusted Allowed Per Diem	Fezzei oi (18 15 0) (11 12	\$106.39	\$53.45	\$0.00	\$13,15	\$12.90		\$20.56	\$0.08	7.15 (FRV)	\$1.10
١	Quarterly Per Diem Rate Prior to Add-ons											
15		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 17		Ln 14 + Ln 15 per Current Otr End	\$121.77	\$60,60	\$0,00	\$14.91	\$14.62	\$0.00	\$23.31	\$0.08	\$7.15	\$1.10
18	· · ·	En 16 x En 17		1.3825								
19		RS = Ln 18, AllOthr = Ln 16	\$144.95	\$83.78 \$83.78	\$0.00	\$14.91	\$14.62	\$0.00	\$23.31	\$0.08	\$7.15	\$1.10
	·			*			71		, ,		• • • • • • • • • • • • • • • • • • • •	
20	Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem ([Stnd - Akwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0,41	\$0.00	\$0.00		\$0.00	
21	1	Ln 19 Col b x CPS Add-on	\$2.09	\$2,09	30.00	30.22	90.41	\$0.00	\$0.00		\$V.00	
22		Ln 19 Col b x Stfng Add-on	\$2.55	\$2,63								
23	,	(Fixed Amount)	\$17,10	42.01					\$17,10			
24		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		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					I	I	1 1		1
25	5 Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$167.81					<u> </u>				

Facility Add-on Facility State-Provider: Glenwood Healthcare Add-on Data and Percentages Score Percent Case Mix Index (CMI) Data Specific wide Prvdr ID: 701562744A Growth Allowance: N/A 13,37% Base Period Overall CMI: 1.4106 1,3617 Case Mix Per Diem Rate Effective Date: 10/1/2020 Qtrly BIMS score 31.7% 2.5% Quarterly Medicaid CMI; 1.5502 1.5138 MDS & Nurse Hrs Data per Quarter Ending: 06/30/20 Nurse Hours per On-Site Day/Quality Incentive: 2,85 2.0% Ortrly Meaid CMI w RUG Wght Options: 1.5790 1.5405

Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
		((1000) a (1000)	ing between	С	d	e	wheth figures	g	/ · g	<u> </u>	The worlden as
ASE MIX BASED RATE CALCULATIONS											
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 Ali Facilities Ali Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Base Period Per Diem Allowed Amounts											
As Filed Cost Center Costs (Routine & Special Srvcs 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	so
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
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
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		
Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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
Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4106								
Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$41.29								
Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$41.29	\$0.00	\$14.86	\$15,80		\$24.47	\$0.65	\$15,57	\$2.95
Per Diem Standards (After Statewide CMA for Routine Srycs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20,56	\$0.00	N/A	
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	\$2.95
Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$12,37	\$5.52	\$0.00	\$1,99	\$2.11	\$0.00	\$2.75	N/A	N/A	N/A
CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$123,33	\$46.81	\$0.00	\$16.85		\$0.00	1	1 1		\$2.95
Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End							,	,	******	
Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$73.91								
Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOihr = Ln 16	\$1 50.43	\$73.91	\$0.00	\$16.85	\$17,91	\$0,00	\$23.31	\$0.65	\$14.85	\$2.95
Quarterly Per Diem Add-on Amounts											
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	
BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.85	\$1,85								
Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$1.48	\$1.48								
Nursing Home Provider Fee	(Fixed Amount)	\$17,10						\$17,10			
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
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
								1			1
İ	ASE MIX BASED RATE CALCULATIONS Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual) Base Period Per Diem Altowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs Combined) Audit Adjustments and Reallocations to Cost Center Costs Cost Center Costs After Audit Adjustments Total Nursing Facility Days	ASE MIX BASED RATE CALCULATIONS Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual) Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Sives Combined) Audit Adjustments and Reallocations to Cost Center Costs Cost Center Costs After Audit Adjustments Total Nursing Facility Days Total Nursing Facility Days Total Nursing Facility Days Total Nursing Facility Case Mix Index for All Residents Routine Sives Case Mix Adjistnt to Routine Sives Base Period Facility Case Mix Index for All Residents Routine Sives Case Mix Adjist (CMA) Net Per Diem Net Per Diems after Case Mix Adjist (CMA) Net Per Diem Net Per Diems Rate Prior to Add-ons Growth Allowance Percentage = 13.3.7% CMA Allowed Per Diem (After Growth Allowance Add-on) Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem (Stand - Alwd) x.75, up to max, or 0) BIMS Add-on Per Diem (Stand - Alwd) x.75, up to max, or 0) BIMS Add-on Per Diem (Stand - Alwd) x.75, up to max, or 0) BIMS Add-on Per Diem (Stand - Alwd) x.75, up to max, or 0) BIMS Add-on Per Diem (Stand - Alwd) x.75, up to max, or 0) BIMS Add-on Per Diem (Stand - Alwd) x.75, up to max, or 0) BIMS Add-on Per Diem (Stand - Alwd) x.75, up to max, or 0) BIMS Add-on Per Diem (Stand - Alwd) x.75, up to max, or 0) BIMS Add-on Per Diem (Stand - Alwd) x.75, up to max, or 0) BIMS Add-on Per Diem (Stand - Alwd) x.75, up to max, or 0) BIMS Add-on Per Diem (Stand - Alwd) x.75, up to max, or 0) BIMS Add-on Per Diem (Stand - Alwd) x.75, up to max, or 0) BIMS Add-on Per Diem (Stand - Alwd) x.75, up to max, or 0) BIMS Add-on Per Diem (Stand - Alwd) x.75, up to max, or 0) BIMS Add-on Per Diem (Stand - Alwd) x.75, up to max, or 0) BIMS Add-on Per Diem (Stand - Alwd) x.75, up to max, or 0) BIMS Add-on Per Diem (Stand - Alwd) x.75, up to max, or 0) BIMS Add-on Per Diem (Stand - Alwd) x.75, up to max, or 0) BIMS Add-on	ASE MIX BASED RATE CALCULATIONS Cost Center Peer Groups Type of Facility within Peer Group Bed Site Range within Peer Group Bed Site Range within Peer Group Bed Site Range within Peer Group Bed Site Range within Peer Group Bed Site Range within Peer Group Bed Site Range within Peer Group Bed Site Range within Peer Group Bed Site Range within Peer Group Bed Site Range within Peer Group Bed Site Range within Peer Group Bed Site Range within Peer Group Bed Site Range within Peer Group Bed Site Range within Peer Group Bed Site Range within Peer Group Bed Site Range within Peer Group Bed Site Range within Peer Group Bed Site Range within Peer Group Bed Site Range within Peer Group Bed Site Range within Peer Group Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Sives Combined) As Filed FY12 CIR Audit Adjustmal) As Filed FY12 CIR Audit Adjustmals \$116,046 FY12 CIR Audit Adjustmal FY12 CIR Audit Adjustm	Description	Description	Description Calculations Calcu	Description Calculations	Description Calculations Totals Services Serv	Description Calculations Calcu	Description Description	Sources Totals Sources Totals Sources Services Sourc

Facility Add-on Facility State-Gold City Health and Rehabilitation Ctr Add-on Data and Percentages Score Percent Specific Case Mix Index (CMI) Data wide 00142975A Prvdr ID: Growth Allowance: N/A 13.37% Base Period Overall CMI: 1,5030 1.3617 Case Mix Per Diem Rate Effective Date: 10/1/2020 Qtrly BIMS score 38.6% 2.5% Quarterly Medicald CMI: 1.7543 1.5138 MDS & Nurse Hrs Data per Quarter Ending: 06/30/20 Nurse Hours per On-Site Day/Quality Incentive: 2.61 2.0% Ortrly Moaid CMI w RUG Wight Options: 1.7876 1.5405

Line #	Description	Sources I Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskong	Plant Operatns & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
С	ASE MIX BASED RATE CALCULATIONS		a	Ď	C	đ	0	i iganaji f aleksa	acas gia tai	in g	erecessi hologodie	silianal emp
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 3 4	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) (see Policy Manual) (see Policy Manual)		90,0% 100,0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,352,187	\$1,925,940	\$0	\$316,882	\$164,645	\$199,723	\$521,161	\$19,687	\$204,149	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$72,395)	\$0	\$0	so	\$0	\$0	(\$72,395)		(\$25,679)	\$25,679
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,279,792	\$1,925,940	\$0	\$316,882	\$164,645	\$199,723	\$448,766	\$19,687	\$178,470	\$25,679
8	Total Nursing Facility Days As Filed Days = 31,811	FY12 Audited C/R Days	31,811									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,993	FY 18 GL-PL Ins Rpt Days								33,993		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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		<u>1.5030</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$40.28								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$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
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$10.14	\$5,39	\$0.00	\$1,33	\$1.53	\$0.00	\$1,89	N/A	N/A	NIA
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				41.00	1 0.00	1	\$0.00	40.01
18	Ortrly Routine Srvcs 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
20	Quarterly Per Diem Add-on Amounts	(aga Balimi Maguat)	64.50	00.50	60.00	20.00					***	
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual) Ln 19 Col b x CPS Add-on	\$1.53 62.04	\$0,53	\$0.00	\$0.22	\$0.41	\$0.00	\$0,37		\$0,00	
21 22	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x Stfng Add-on	\$2.04	\$2,04								
23	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs) Nursing Home Provider Fee	(Fixed Amount)	\$1.63 \$17.10	\$1.63					647 40			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.10	\$4,20	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10 \$17.47	60.00	60.00	en na
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$22.30	\$85.84	\$0.00	\$11,51	\$13,39	\$0.00	\$33,47	\$0.00	\$0.00	\$0.00 \$0.81
			717712	400.04	44.00	411.51	1 ,,,,,,	40,00	900,41	40.50	50.03	20.01
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$102.89									

1	Provider: Gordon Health Care Center		Add-on Data and		Facility Score	Add-on Percent	Cas	se Mix Index (C			Facility Specific	State- wide
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:			owth Allowance; Qtrly BIMS score Quality Incentive;	33.3%	13.37% 2.5% 2.0%	Ortrly Meald	Quarterly:	d Overall CMI: Medicald CMI: Wght Options:		1.3364 1.4499 1.4742	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	С	:344(5) d :55(5);	e e	- f	g	g	1 (14 (17 h 11 (19 (19)	yanin irang
<u>c</u>	CASE MIX BASED RATE CALCULATIONS											
-	Cast Center Peer Groups	fore Police Manual		1	1	2						
1.	Type of Facility within Peer Group	(see Policy Manual)		All Facilities	All Facilities	Free Standing	1 All Facilities	1 All Facilities	1 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%			
"	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 Srvcs 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									
	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 Dierns prior to Case Mix Adjstmt to Routine Srvcs	Ln 7/Ln 8 Col a	\$145,75	\$78.76	\$0.00	\$15,24	\$15.98	(with L&H)	\$16.78	\$2,79	\$15.52	\$0.68
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3364								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.94								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0,00	\$18.41	\$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	\$0.68
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwih Allwnc %	\$14.30	\$7.88	\$0.00	\$2.04	\$2.14	\$0.00	\$2.24	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$133,83	\$66,82	\$0.00	\$17.28	\$18.12	\$0.00	\$19.02	\$2,79	\$9.12	\$0,68
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	1,55,55	1.4742	40.00	\$17.20	Ψ10.12.	20.00	\$15.02	\$2.13	93.1∠	30.08
18	Ortrly Routine Srvcs 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
-	Quarterly Per Diem Add-on Amounts	/ D -0										
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 Srvs)	Ln 19 Col b x CPS Add-on	\$2.46	\$2.46								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.97	\$1.97								
23 24	Nursing Home Provider Fee	(Fixed Amount) Sum of Lns 20 thru 23	\$17,10		mn			***	\$17.10		**	
<u> </u>	Total Quarterly Per Diem Add-on Amounts		\$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									

1	Provider: Grace Health Care of Tucker		Add-on Data and		Facility Score	Add-on Percent	Cas	se Mix Index (0		*	Facility Specific	State- wide
F	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:			owth Allowance: htrly BIMS score huality Incentive:	N/A 26.4% 3.60	13.37% 1.0% 2.0%	Ortriy Mcaio		d Overall CMI Medicaid CMI Wght Options		1,5096 1,6047 1,6340	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
				b	С	d	e	graph f actor	g	g	stage of the control	
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Realiocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$60,625)	(\$782)	\$0	(\$183)	\$9,124	\$5,837	(\$88,759)	1	(\$45,919)	\$60,05
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	\$60,05
8	Total Nursing Facility Days As Filed Days = 43,235	FY12 Audited C/R Days	43,235									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,467	FY 18 GL-PL Ins Rpt Days								40,467		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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		<u>1.5096</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49,99								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlhr = 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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$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
15	Quarterly Per Diem Rate Prior to Add-ons	Ln 14 x Grwth Allwnc %										
15	Growth Allowance Percentage = 13.37% CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 x Grwth Allwho % Ln 14 + Ln 15	\$13.88	\$6.68 \$56.67	\$0.00 \$0.00	\$2.05	\$2.40	\$0.00	\$2.75	N/A	N/A	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$131.55	1,6340	\$0,00	\$17.42	\$20.32	\$0.00	\$23.31	\$2.27	\$10,17	\$1.39
18	Qrirly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 16 x En 17		\$92.60								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AilOlhr = Ln 16	\$167.48	\$92.60	\$0,00	\$17.42	\$20.32	\$0.00	\$23,31	\$2.27	\$10.17	\$1.39
	Quarterly Per Diem Add-on Amounts										:	
20	Efficiency Add-on Per Diem ([Stod - Afwd] 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 Srvs)	Ln 19 Col b x CPS Add-on	\$0,93	\$0.93								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting 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						•	•		

!	Provider: Gracemore Nursing Center Prydr ID: 00141182A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020		owth Allowance; Itrly BIMS score	Facility Score N/A 38,1% 4,00	Add-on Percent 13.37% 2.5% 3.0%	-		d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.1896 1.4365 1.4611	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 a	b	С	d	е	Allen f arrier	g	g	Mission harman	eggeri-je
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90,0% 100,0% \$0,00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41	***************************************	50.0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts	A-El-ADVACAD DVCCAACC ELD-										
6	As Filed Cost Center Costs (Routine & Special Stycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp FY12 C/R Audit Adistmts	12,2,	\$1,215,491	\$0	\$340,908	\$140,736	\$148,874	\$323,363	\$38,187	\$69,791	\$0
7	Audit Adjustments and Reallocations to Cost Center Costs Cost Center Costs After Audit Adjustments	FY12 Audited C/R	(\$34,124) \$2,243,226	\$0 \$1,215,491	\$0 \$0	\$0 \$340,908	\$0 \$140,736	\$560 \$149,434	(\$34,137)	1	(\$24,197)	\$23,650
8	Total Nursing Facility Days As Filed Days = 17,282	FY12 Audited C/R Days	17,282	\$1,210,491	- au	\$540,806	\$140,736	\$149,434	\$289,226	\$38,187	\$45,594	\$23,650
•	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,700	FY 18 GL-PL Ins Rpt Days	11,202							15,700		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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	V100.00	1.1896	40,00	\$15.70	\$10.73	(Marcary	\$10.74	\$2.45	\$2.04	\$1.57
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$59,12								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$59.12	\$0.00	\$19,73	\$16.79		\$16,74	\$2.43	\$2.64	\$1,3
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$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	\$1.37
											(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14.84	\$7.90	\$0.00	\$2.46	\$2.24	\$0.00	\$2.24	A1/A	N//A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$137.27	\$67.02	\$0.00	\$2.46	\$2.2 4 \$19,03	\$0.00	\$2.24 \$18.98	N/A \$2.43	N/A \$7,57	N/A \$1,37
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$101.21	1.4611	\$0.00	\$20.01	\$19,03	30.00	\$10.35	\$2.43	10,1¢	\$1,3
18	Ortrly Routine Srvcs 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
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stad - 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 = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.45	\$2.45	45.50		40.41	\$5.50	ψυ.στ		\$5,00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting 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	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$191.97	\$103.84	\$0.00	\$20.87	\$19.44	\$0.00	\$36.45	\$2.43	\$7.57	\$1.37
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$131.15						•	***************************************		*****

1	Provider: Grandview Health Care Center Provider ID: 00141226A		Add-on Data and Gre	Percentages	Facility Score N/A	Add-on Percent 13,37%	Cas	se Mix Index (Base Perio	CMI) Data		Facility Specific 1,2061	State- wide 1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020 06/30/20 Nurse Hours p	C er On-Site Day/Q	trly BIMS score tuality Incentive;	27,7% 3,30	1.0% 2.0%	Qrtrly Mcaio	Quarterly	Medicaid CMI; Wght Options;		1.4762 1.5021	1.5138 1.5405
Line #	Description	Sources / Calculations	Tolals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
			10.4 (a 10.65)	b	C	d	е	350 f 1000	g	g	Regulari <mark>h.</mark> 1985.	gagyig
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 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 Srvcs 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	so
6	Audit Adjustments and Realiocations 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 Srvcs	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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.81								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Stress)	per Peer Group Limits		\$71.51	\$0,00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem Quarterly Per Diem Rate Prior to Add-ons	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
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$16.13	\$8,67	\$0.00	\$2.46	\$2,42	\$0.00	\$2.58	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Atlowance 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	12,00		423.00	\$5.00	\$2,.00	40.10	\$3.50	Ų
18	Ortriy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.37								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$188.32	\$110.37	\$0.00	\$20.87	\$20.50	\$0.00	\$21.86	\$3.15	\$9.90	\$1.67
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x ,75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0,53	\$0.00	\$0.00	\$0.41	\$0,00	\$0,37		\$0.00	
21		Ln 19 Col b x CPS Add-on	\$1.10	\$1.10	\$2,50	-550	45.41	15.50	\$5.01		\$3.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	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 Quarlerly 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					1		<u> </u>		L

1	rovider: Green Acres Health & Rehab	_	Add-on Data and		Facility Score	Add-on Percent	Cas	se Mix Index ((•	Facility Specific	State- wide
-	Case Mix Per Diem Rate Effective Date		-	owth Allowance: http://www.blow.core		13.37% 2.5%			d Overali CMI: Medicaid CMI:		1.1607 1,2376	1.3617 1.5138
	MDS & Nurse Hrs Data per Quarter Ending	06/30/20 Nurse Hours	per On-Site Day/C	tuality Incentive:	3.22	2.0%	Ortrly Moaid	CMI w RUG	Wght Options:		1,2600	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	• • • • • • • • • • • • • • • • • • •	2319 f -930	g	g.	gride and h ije and di	h-1999-100
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)	***************************************	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90,0% 100,0% \$0,00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
_	Base Period Per Diem Allowed Amounts	A- 51-4540 05 54000 01 51 5						_				
5 6	As Filed Cost Center Costs (Routine & Special Stress Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp FY12 C/R Audit Adistmts	1 1/1 = 4	\$2,447,155	\$0	\$499,497	\$276,128	\$300,060	\$614,138	\$93,995	\$501,618	\$0
7	Audit Adjustments and Reallocations to Cost Center Costs Cost Center Costs After Audit Adjustments	FY12 C/R Addit Adjstmts FY12 Audited C/R	(\$24,372) \$4,708,219	\$0 \$2,447,155	\$0 \$0	(\$1,736) \$497,761	\$0	\$0	(\$24,372)	400.005	(\$23,606)	\$25,342
8	Total Nursing Facility Days As Filed Days = 34,016	FY12 Audited C/R Days	34,708,219	\$2,447,100	\$0	\$497,761	\$276,128	\$300,060	\$589,766	\$93,995	\$478,012	\$25,342
Ĭ	Total Nursing Facility Days GL-Pt, Ins. Rpt As Filed Days = 33,313	FY 18 GL-PL Ins Rpt Days	34,010							33,313		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7/Ln 8 Cola	\$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 gtrs of FY12	1	1.1607	30.00	\$14.00	\$10.54	100000	\$17.04	\$2.02	\$14,03	Ψ0,1 Ο
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9/Ln 10		\$61.98								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Stycs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$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
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14.83	\$8.29	\$0.00	\$1,96	\$2.26	\$0.00	\$2,32	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$138.31	\$70.27	\$0.00	\$16.59	\$19,20	\$0.00	\$19.66	\$2.82	\$9.02	\$0,75
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2600							-	
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.54								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$156,58	\$88.54	\$0.00	\$16.59	\$19.20	\$0,00	\$19.66	\$2.82	\$9.02	\$0.75
	Quarterly Per Diem Add-on Amounts											
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 Srvs)	Ln 19 Col b x CPS Add-on	\$2.21	\$2.21								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	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 Ens 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									

Prov Prvd		10/1/2020		owth Allowance: Oldy BIMS score	38.2%	Add-on Percent 13,37% 2,5% 3,0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.2987 1.5204 1.5490	State- wide 1.3617 1,5138 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
				, b	С	d	е	gelenigi f gegeen	g :	g	Qiqaya h o ja	1 11.00
CAS	SE MIX BASED RATE CALCULATIONS											
1 C	ost 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	eer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	ase Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Stycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$3,236,306	\$1,726,719	\$0	\$362,291	\$192,080	\$227,744	\$421,381	***	00.45 0.44	•
1	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$13,461)	\$1,720,719	\$0	(\$1,819)	\$192,000	\$221,144	(\$13,629)	\$60,880	\$245,211 (\$11,992)	\$0 \$13,811
1	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	V - V V		,	*********	4-2-7		755,555		470,011
	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 Srvcs	Ln 7 / Ln 8 Col a	\$146.21	\$78.27	\$0.00	\$16.34	\$19.04	(with L&H)	\$18.48	\$2.88	\$10.57	\$0.63
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2987								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.27								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$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	\$0.63
Q	uarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwine %	\$15.26	\$8,06	\$0.00	\$2.18	\$2.55	\$0.00	\$2,47	N/A	N/A	N/A
1 1	CMA Allowed Per Diern (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$144.97	\$68.33	\$0.00	\$18.52	\$21.59	\$0.00	\$20.95	\$2.88	\$12.07	\$0.63
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.5490</u>								
18	Qrirly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.84								
19	Quarterly Medicaid CMA Atlowed 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
Q	uarterly Per Diem Add-on Amounts											
1	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	
1 1	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.65	\$2.65								
F I	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.18	\$3.18							ļ	
E .	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 Q	uarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$206.94	\$112.20	\$0.00	\$18.74	\$22.00	\$0.00	\$38.42	\$2.88	\$12.07	\$0.63
26 Q	uarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0,75	\$142.38									

Provider: Gwinnett Extended Care Center Prvdr ID: 00781382A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020		owth Allowance: http://www.score	48.5%	Add-on Percent 13.37% 5.5% 2.0%	-	Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.4525 1.5922 1.6205	State- wide 1,3617 1,5138 1,5405
Line # Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
CASE MAY BASED DATE ON OUR ATIONS		a	b	The contract	d	e	######################################	ાં ું	g	Magazia hagara ar	rijeski i ngska
CASE MIX BASED RATE CALCULATIONS					ļ						
1 Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Base Period Per Diem Allowed Amounts	, , ,		-								
5 As Filed Cost Center Costs (Routine & Special Stycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$9,066,530	\$4,469,050	\$D	\$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)	40,021	\$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 Adjstrnt to Routine Srvcs	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		<u>1.4525</u>								
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$96.69								
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$158.30	\$7 1.51	\$0.00	\$29,15	\$23.09		\$20,56	\$0,33	13.66 (FRV)	\$0.00
Quarterly Per Diem Rate Prior to Add-ons											
15 Growth Allowance Percentage = 13.37% 16 CMA Allowed Per Diem (After Growth Allowance Add-on)	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
CMA Allowed Per Diem (After Growth Allowance Add-on) Quarterly Facility Case Mix Index for Medicaid Residents	Ln 14 + Ln 15 per Current Qtr End	\$177,60	\$81,07	\$0.00	\$33.05	\$26,18	\$0.00	\$23.31	\$0.33	\$13.66	\$0.00
18 Orthy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		<u>1.6205</u> \$131.37								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$227.90	\$131.37 \$131.37	\$0.00	\$33.05	\$26.18	\$0.00	\$23.31	\$0.33	\$13,66	\$0.00
Quarterly Per Diem Add-on Amounts											
20 Efficiency Add-on Per Diem ((Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0,00	\$0,00	\$0.00	\$0.00	\$0,00	\$0,00	\$0.00		\$0.00	
21 BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	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 Srvcs)	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

Facility

Add-on

1	rovider: Habersham Home rvdr ID: 00141292A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020 06/30/20 Nurse Hours		owth Allowance; Otrly BIMS score	54,2%	Add-on Percent 13.37% 5.5% 3.0%			d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.1936 1.3861 1.4068	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 e	b	С	d	::::::::::::::::::::::::::::::::::::::	f	g	g	jan jakan h raja sata t	a jana i uman
2	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100,0% \$0.22	85,0% 100,0% \$0,41	Andrews are a server and a serv	50,0% 105,0% \$0,37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Stycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$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)	so	so	\$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 GtPL Ins Rpt Days								27,884		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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		<u>1.1936</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$71.51								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Stycs)	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	\$0.00
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$16.70	\$9.56	\$0.00	\$1.63	\$3,09	\$0.00	\$2,42	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$152,42	\$81,07	\$0,00	\$13.82	\$26.18	\$0.00	\$20.49	\$2.81	\$8.05	\$0.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4068			,=,,,,				10.00	730
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.05								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$185.40	\$114.05	\$0.00	\$13.82	\$26.18	\$0.00	\$20.49	\$2.81	\$8.05	\$0.00
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.59	\$0.00	\$0.00	\$0.22	\$0,00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$6.27	\$6.27			, ,,==					

Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Sives)

22

23

24

Nursing Home Provider Fee

Total Quarterly Per Diem Add-on Amounts

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

25 Quarterly Case Mix Based Per Diem Rate

\$3.42

\$17.10

\$27.38

\$212.78

\$146.76

\$3,42

\$9.69

\$123.74

\$0.00

\$0,00

\$0.22

\$14.04

\$0.00

\$26.18

\$0,00

\$0.00

Ln 19 Col & x Sting Add-on

(Fixed Amount)

Sum of Lns 20 thru 23

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

\$0.00

\$8,05

\$0.00

\$0.00

\$17.10

\$17.47

\$37.96

\$0.00

\$2.81

	Provider: Haralson Nursing and Rehab Center	Ad	d-on Data and P		Facility Score	Add-on Percent	Cas	e Mix Index ((-	Facility Specific	State- wide
F	Prvdr ID: 00141325A Case Mix Per Diem Rate Effective Date; MDS & Nurse Hrs Data per Quarter Ending:		Qtr	oth Allowance: Ty BIMS score ality Incentive:	N/A 32.2% 3.35	13,37% 2,5% 2.0%	Ortrly Mcaid		d Overall CMI: Medicaid CMI: Wght Options:	:	1.5429 1.7702 1.8046	1,4014 1,5138 1,5405
Line		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	ь	С	d	e	f	9		h.	erasa i
(CASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards; Multiplier	(see Policy Manual) (see Policy Manual) (see Policy Manual)	**************************************	90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85,0% 100.0% \$0.41		50.0% 105,0% \$0,37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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	so	\$0	\$0	\$274	(\$6,813)	\$48,762		(\$15,211)	\$16,045
7	Cost Center Costs After Audit Adjustments	FY14 Audited C/R	\$2,900,690	\$1,304,386	\$0	\$245,183	\$123,965	\$113,946	\$507,270	\$210,807	\$379,088	\$16,045
8	Total Nursing Facility Days As Filed Days = 19,418	FY14 Audited C/R Days	19,418									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,231	FY 18 GL-Pt Ins Rpt Days								36,231		
9		Ln 7 / Ln 8 Col a	\$144.34	\$67.17	\$0.00	\$12,63	\$12.25	(with L&H)	\$26.12	\$5.82	\$19.52	\$0.83
10	7	from 4 qtrs of FY10		1.5429								
11	, ,, ,, ,, ,, ,,	Ln 9 / Ln 10		\$43.53								
12	•	RS = Ln 11, AliOthr = Ln 9		\$43.53	\$0.00	\$12.63	\$12.25		\$26.12	\$5.82	\$19.52	\$0.83
13		per Peer Group Limits		\$73.31	\$0.00	\$19.52	\$23,55		\$24.02	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$107.24	\$43.53	\$0.00	\$12.63	\$12.25		\$24.02	\$5.82	8.16 (FRV)	\$0.83
İ	Quarterly Per Diem Rate Prior to Add-ons										(11.47)	
15	Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Ailwnc %	\$12.36	\$5.82	\$0.00	\$1.69	\$1.64	\$0,00	\$3.21	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$119.60	\$49.35	\$0.00	\$14.32	\$13.89	\$0.00	\$27.23	\$5,82	\$8.16	\$0.83
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8046								
18		Ln 16 x Ln 17		\$89.06								
19	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
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0,00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.23	\$2.23								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Strng Add-on	\$1.78	\$1.78								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.27	\$4,54	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0,00	\$0.00	\$0,00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$181.58	\$93.60	\$0.00	\$14.54	\$14.30	\$0.00	\$44.33	\$5.82	\$8.16	\$0.83
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - l,n 23) * 0,75	\$123.36			.1						<u> </u>

Provider: Harborview Health Systems of Jesup Prvdr ID: 00141611A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020		owth Allowance: ltrly BIMS score	Facility Score N/A 15.2% 4.02	Add-on Percent 13.37% 0.0% 3.0%	***************************************	Quarterly	CMI) Data d Overall CMI; Medicaid CMI; Wght Options;		Facility <u>Specific</u> 1.4862 1.4783 1.5038	State- wide 1.3617 1.5138 1.5405
Line Description	Sources <i>I</i> Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		is a a succession	b	c	d	е	f	g	g	119,119,14 h 111,127	g am <mark>l</mark> aging.
CASE MIX BASED RATE CALCULATIONS											
Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90,0% 100,0% \$0,22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Base Period Per Diem Allowed Amounts 5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GtPL Rpt	\$4,601,458	\$2,276,415	so	\$459,292	\$156,672	\$212,178	\$776,363	\$45,181	\$675,357	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$36,467)	\$0	\$0	\$0	\$0	\$0	(\$36,467)	,	(\$31,133)	\$31,133
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,564,991	\$2,276,415	\$0	\$459,292	\$156,672	\$212,178	\$739,896	\$45,181	\$644,224	\$31,133
8 Total Nursing Facility Days As Filed Days = 32,014	FY12 Audited C/R Days	32,014									
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,579	FY 18 GL-PL Ins Rpt Days								30,579		
Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1,4862</u>								
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.85								
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = 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 Srvcs)	per Peer Group Limits		\$71.51	\$0,00	\$18.41	\$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
Quarterly Per Diem Rate Prior to Add-ons 15 Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$12.61	\$6.40	\$0.00	\$1.92	\$1,54	\$0.00	\$2,75	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$12.51	\$54.25	\$0.00	\$1,92	\$13.06	\$0.00	\$2.75	\$1,48	\$7,18	\$0.97
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$110.52	1.5038	\$0.00	\$10.21	\$15.00	\$0.00	\$25,51	\$1.40	37.10	\$0.51
18 Ortrly Routine Srvcs 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
Quarterly Per Diem Add-on Amounts											
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0,00	
21 BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	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 Srvcs)	En 19 Col b x Sting 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									

Provider:	Harborview Health Sy	stems - Pierce		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State- wide
Prvdr ID:	00142447A M	Case Mix Per Diem Rate Effective Date: IDS & Nurse Hrs Data per Quarter Ending:	10/1/2020 06/30/20	Growth Allowance: Qtrly BIMS score Nurse Hours per On-Site Day/Quality Incentive:	N/A 16.7% 5.67	13.37% 0.0% 3.0%	Base Period Overall CMI: Quarterly Medicaid CMI: Qrtrly Mcaid CMI w RUG Wght Options:	1,2039 1,5050 1,5307	1.3617 1.5138 1.5405
				Routine	Special		Laundry & Plant Admin A&G-GI	Property	Taxes

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
1000			(a)	b	Compa	nin dyna	е		g	g	gran Lau h reng wei	Basel Asso
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facilify within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 Ali Facilities Ali 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 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Mulliplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Srvcs	Ln.7/Ln.8 Cola	\$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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$91.91								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlhr = 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 Stycs)	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	\$0.60
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
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	Ortrly Routine Srvcs 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
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.31	\$0.00	\$0,00	\$0.00	\$0.31	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00	\$5,55		\$3.01	\$5.00	\$5.00		\$5.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3,0% (to Routine Stress)	Ln 19 Cal b x Stfng 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						I	L		I

	rovider. Harborview Health Systems - Satilla		Add-on Data and		Facility Score	Add-on Percent	Cas	se Mix Index (, ,,,,	Facility Specific	State- wide
	Case Mix Per Diem Rate Effective Date; MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020 06/30/20 Nurse Hours p		owth Allowance; 2trly BIMS score 2uality Incentive;	11.7%	13,37% 0.0% 3.0%	Qrtrly Mcaio	Quarterly	d Overall CMI: Medicaid CMI: Wght Options:		1.3231 1.5439 1.5690	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
			- 40 (a (a (b))	b	in comme	3,55 d (5)	e:::::::e:::::::::::::::::::::::::::::	o f	g	g	h	
2	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range wilhin Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90,0% 100,0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Sives 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 Fited Days = 22,515	FY 18 GL-PL Ins Rpt Days								22,515		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 11	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.3231</u>								
	Routine Stycs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.69	***							
12 13	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9 per Peer Group Limits		\$87,69	\$0.00	\$28.59	\$21.29		\$42.96	\$2.11	\$5,64	\$0.49
14	Per Diem Standards (Afler Statewide CMA for Routine Srvcs) Base Period Case Mix Adjusted Allowed Per Diem	Lesser of En 12 or En 13	\$155,76	\$71.51 \$71.51	\$0.00 \$0.00	\$29.15 \$28.59	\$23.09 \$21.29		\$20,56 \$20,56	\$0.00	N/A :	70.40
17	Date I clied Gase Mix Adjusted Allowed Fel Dielli	20304 05 211 12 01 211 10	\$193,76	\$71.51	\$0.00	\$20,09	\$21.29		\$20.56	\$2.11	11.21 (FRV)	\$0.49
	Quarterly Per Diem Rate Prior to Add-ons										, ,	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$18,98	\$9.56	\$0.00	\$3.82	\$2.85	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$174.74	\$81.07	\$0,00	\$32.41	\$24.14	\$0,00	\$23,31	\$2.11	\$11.21	\$0,49
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qir End		<u>1.5690</u>								
18	Ortdy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$127.20		<u>.</u>						
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
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0,00		\$0.00	
21	BIMS Add-on Per Diem ≈ 0.0% (to Routine Srvs)	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 Srvcs)	La 19 Col b x Sling Add-on	\$3.82	\$3,82								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarlerly 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									

1	rovider, Harborview Health Systems - Thomaston rvdr ID: 00140621A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020 06/30/20 Nurse Hours		owth Allowance: Utrly BIMS score		Add-on Percent 13.37% 2.5% 2.0%	-	Quarterly	CMI) Data d Overall CMI Medicaid CMI Wght Options		Facility <u>Specific</u> 1.2365 1.5153 1.5413	State- wide 1.3617 1.5138 1.5405
Line #	Description	Sources <i>I</i> Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
3/3			а	b b	С	d	e	49 930 f 0,000	9 3000	janaigenas		eritite Laster
<u> </u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100,0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL R	pt \$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 GtPL 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 Srycs	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								
	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$57.03								
12 13	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$57.03	\$0.00	\$15.22	\$11.43		\$23,40	\$1.50	\$10.78	\$0.92
14	Per Diem Standards (After Statewide CMA for Routine Stress)	per Peer Group Limits	2445.00	\$71.51	\$0.00	\$18.41	\$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
	Quarterly Per Diem Rate Prior to Add-ons										, ,	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Greth Allenc %	\$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 + En 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		<u>1.5413</u>								
18	Qrtrfy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	£n 16 x Ln 17 RS = Ln 18, AllOthr = Ln 16	\$164,32	\$99.65 \$99.65	\$0.00	\$17.25	\$12.96	\$0.00	\$23.31	\$1.50	\$8.73	\$0.92
		•		400.00	•••••		412.00	45.55	420.01	\$1.50	\$6.76	\$0.52
20	Quarterly Per Diem Add-on Amounts	/coa Balinu Manuali	64.40	60.50	60.55	60.00	***		A D 00		20.00	
21	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	(see Policy Manual) Ln 19 Col b x CPS Add-on	\$1.16 \$2.49	\$0.53 \$2.49	\$0.00	\$0.22	\$0.41	\$0,00	\$0.00		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Sivs)	En 19 Col b x Sting Add-on	\$1.99	\$2.49 \$1.99								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	\$1.55					\$17.10			
24	Total Quarterly Per Diern 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	,	45.50		451	1 10.55	¥ 10.71	1 4	40.10	1 40,02
_ 20	Adament Let Dien Kate for Bed Hold and Feave Days	(Lit 25 - Lit 25) 0.75	\$127.47									

Provider: Harrington Park Prvdr ID: 003165726A H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/01/20 06/30/20 Nurs		Oata and Percentages Growth Allowance: BIMS: the Day/Quality Incentive:	Facility Score N/A 25.0% 4.12	Add-on Percent 13.37% 1.0% 3.0%	4-1	Quarteri caid CMI w RUI	iod Overall CMI: ly Medicaid CMI; 3 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 b	Special Services c	Dietary d	Laundry & Houskpng e	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related h	Taxes and Insurance i
CASE MIX BASED RATE CALCULATIONS Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 95% of Std	FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt FY 2012 Peer Group Limit	\$172.06	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53 \$71.51 \$67.93	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.00	2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22 \$18.41 \$17.49	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41 \$23.09 \$21.94	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$20.56 \$19.53	\$ 47,854 17,334	\$37.80 \$37.80	\$7.37 \$7.37
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		\$16.97 \$191.79	\$9.08 \$77.01 <u>1.1720</u> \$90.26		\$2.34 \$19.83	\$2.93 \$24.87		\$2.61 \$22.14	\$ 2.76	\$37.80 (FRV Rate)	\$7.37
Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 1.0% :o Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$205.03 \$0.90 \$2.71	\$90.26 \$0.90 \$2.71		\$19.83	\$24.87		\$22.14	\$2.76	\$37,80	\$7.37
Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts Quarterly Case Mix Based Per Diem Rate		\$17.10 \$20.71 \$225.74	\$93.87		\$19.83	\$24.87		17.10 \$39.24	\$2.76	\$37.80	\$7.37
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$156.48	7223.54	\$33.01		\$12.02	727.0 1		933.24	32.10	VO. 10¢	10,14

1	rovider: Hart Care Center rvdr ID: 00167857A Case Mix Per Diem Rate Effective Date: MD\$ & Nurse Hrs Data per Quarter Ending:	10/01/20		th Allowance: ly BIMS score	36.1%	Add-on Percent 13.37% 2.5% 2.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options;		Facility <u>Specific</u> 1.5289 1.6173 1.6461	State- wide 1.3699 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
	ACE MIX DACED DATE CALCULATIONS		in internal and a	b	C	d	e	Pine Control	g	galag g from	detale es h orfolistes	2007 talismy a
	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Menual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY13 C/R	\$5,017,280	\$3,091,262	\$0	\$557,136	\$241,091	\$236,482	\$820,320	\$48,943	\$22,046	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	(\$78,118)	\$0	50	\$0	\$0	\$0	(\$78,118)		(\$20,545)	\$20,545
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$4,939,162	\$3,091,262	\$0	\$557,136	\$241,091	\$236,482	\$742,202	\$48,943	\$1,501	\$20,545
8	Total Nursing Facility Days As Filed Days = 40,897	FY13 Audited C/R Days	40,897									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 37,122	FY 18 GL-PL Ins Rpt Days								37,122		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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		1.5289								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.44								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlhr = 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 Srvcs)	per Peer Group Limits		\$73.90	\$0.00	\$19.14	\$23.27		\$23.46	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$101.84	\$49.44	\$0.00	\$13.62	\$11.68		\$18.15	\$1.32	7.13 (FRV)	\$0.50
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Allwnc %	\$12,42	\$6,61	\$0.00	\$1.82	\$1,56	\$0.00	\$2.43	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	£n 14 + Lл 15	\$114.26	\$56.05	\$0.00	\$15.44	\$13.24	\$0.00	\$20.58	\$1.32	\$7.13	\$0.50
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	7	1.6461	40,00			40.00	1 420.00		4	70.55
18	Ortrly Routine Srvcs 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
	Quarterly Per Diem Add-on Amounts											
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 Srvs)	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 Srvcs)	Ln 19 Col b x Sting 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									

	rovider: Hartwell Health and Rehabilitation	_	Add-on Data and	~~~	Facility Score	Add-on Percent	Cas	se Mix Index (0			Facility Specific	State- wide
P	Case Mix Per Diem Rate Effective Da MDS & Nurse Hrs Data per Quarter Endi			owth Allowance: Qtrly BIMS score	N/A 23.5% 3.48	13,37% 1,0% 3,0%	Out at a Maria	Quarterly	d Overall CMI: Medicaid CMI:		1,3222 1,3813	1.3617 1.5138
	woo a Nuise his Data per Quarter Chui	ig. 00/30/20 Nuise Houis	per On-Site Day/C	zuanty wiceintve.	3.40	3,0%	Qriny Mcait	CMI w RUG	vvgnt Options:		1,4029	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskong	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	eng mi b itionis	С	đ	е	f	g	g	ng kacamatan	Angya i n,
C.	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups											
,	Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits								İ			
2	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		105.0% \$0.37			
	Base Period Per Diem Allowed Amounts							-	***			
5	As Filed Cost Center Costs (Routine & Special Stress Combined)	As Filed FY12 C/R -FY 2018 GL-PL R	\$5,839,275	\$2,588,661	\$0	\$974,560	\$281,348	\$169,446	\$1,374,106	\$87,921	\$363,233	so
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	\$0	\$0	\$0	\$0	so	\$0	so	, ,	(\$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 Srvcs	Ln 7 / Ln 8 Col a	\$182.23	\$80.76	\$0.00	\$30,40	\$14.06	(with L&H)	\$42.87	\$2.81	\$11.26	\$0.07
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3222								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.08								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	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	\$0.07
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwih 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)	£n 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	Ortrly Routine Srvcs 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
	Quarterly Per Diem Add-on Amounts											
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 = 1.0% (to Routine Srv	s) Ln 19 Cof b x CPS Add-on	\$0,97	\$0.97							,	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-oก	\$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									

Provider, Prvdr ID;			owth Allowance:	Facility Score N/A 26,4% 2,58	Add-on Percent 13,37% 1,0% 3,0%		d Overall CMI; Medicaid CMI;	Facility <u>Specific</u> 1.4494 1.4808 1.5064	State- wide 1.3617 1.5138 1.5405	
Line #	Description	化自动性性 化二氯甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基	rces / Totals	Routine Services b	Special Services C	Dietary d	Laundry & Plant Operatns & Maint e f	Admin and A&G- GL-PL Insurance g g g	Property and Related h	Taxes and Insurance

CASE MIX BASED RATE CALCULATIONS 0	Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Operatns & Maint	and General	A&G- GL-PL Insurance	and Related	and Insurance
1 Clear Control Pear Groups Clear Policy Manual) Pear Group Standards & Policy				а	::::: b ::::::::	С	d	0	f	g	g	enterior have tree.	eddeld dega
Type of Family melin Pera Group All Families	<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
2 Peer Group Standards: Feercentile Gee Peley Manual) (see Peley	1	Type of Facility within Peer Group	(see Policy Manual)		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	1			
S As Filed Cost Center Costs (Reutline & Special Sives Combined) As Filed PY12 CR - PY 2018 GLPL RPI S3,073,423 S3,04,050 S314,016 S112,565 S178,967 S908,389 S15,264 S239,282 S7,999 S15,394 S56,501 S88,960 S15,394 S15,264 S239,282 S15,264 S16,391 S66,501 S88,960 S15,345 S16,315	3	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
Audit Adjustments and Reallocations to Cost Center Costs FY12 Audited CR Cost Center Costs After Audit Adjustments FY12 Audited CR FY12 Audited CR FY12 Audited CR FY12 Audited CR FY12 Audited CR FY12 Audited CR FY13 As Field Days = 21,818 FY12 Audited CR FY14 Audited CR FY15 As Field Days = 24,882 FY14 Audited CR FY15 As Field Days = 24,882 FY14 Audited CR FY15 As Field Days = 24,882 FY15 As Field Days = 24,882 FY15 As Field Days = 24,882 FY16 As Field Days = 24,882 FY18 CLF IL Ins Ryt Days Ln 7 / Ln 8 Coll FY16 CLF IL Ins Ryt Days Ln 7 / Ln 8 Coll FY16 CLF IL Ins Ryt Days Ln 7 / Ln 8 Coll FY16 CLF IL Ins Ryt Days Ln 7 / Ln 8 Coll FY16 CLF IL Ins Ryt Days Ln 7 / Ln 8 Coll FY16 CLF IL Ins Ryt Days Ln 7 / Ln 8 Coll FY16 CLF IL Ins Ryt Days Ln 7 / Ln 8 Coll FY16 CLF IL Ins Ryt Days Ln 7 / Ln 8 Coll FY16 CLF IL Ins Ryt Days Ln 7 / Ln 8 Coll FY16 CLF IL Ins Ryt Days Ln 14 / Ln 15 Sc 25, 27 Sc 297 Sc 20, 5 Sc 297 Sc 20, 5 Sc 297 Sc 20, 5 Sc 29, 5 Sc 2		Base Period Per Diem Allowed Amounts											
Total Nursing Facility Days GL-PL Ins. Rpt	5	As Filed Cost Center Costs (Routine & Special Srvcs 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
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 = 24,802 FY18 GL-PL Ins Rpt Days FY18 GL-PL Days FY18 GL-PL Day	6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	\$20,163	(\$30,996)	so	\$2,299	\$7,959	(\$18,391)	\$56,501		(\$8,960)	\$11,751
Total Nursing Facility Days GL-PL Ins. Rpt	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
9 Net Per Diems prior to Case Mix Adjistmt to Routine Srvcs Base Period Focility Case Mix Indiax for All Residents 10 Routine Srvcs Case Mix Adjistmt (CMA) Net Per Diem 11 Routine Srvcs Case Mix Adjistmt (CMA) Net Per Diem 12 Net Per Diems after Case Mix Adjistmt (CMA) Net Per Diems 13 Per Diem Standards (Arter Statewise CMA for Routine Srvcs) 14 Base Period Case Mix Adjusted Allowed Per Diem 15 Growth Allowance Percentage = 13.37% 16 CMA Allowed Per Diem (Allowance Add-on) 17 Quarterly Per Diem Rate Prior to Add-ons 18 Quarterly Per Diem Rate Swith Allowance Add-on) 19 Quarterly Per Diem Rate Swith Allowance Add-ons 19 Quarterly Per Diem Rate Swith Allowance Add-ons 19 Quarterly Per Diem Rate Swith Allowance Add-ons 19 Quarterly Per Diem Rate Prior to Add-ons 20 Quarterly Per Diem Rate Prior to Add-ons 20 Quarterly Per Diem Rate Prior to Add-ons 21 Quarterly Per Diem Add-on Amounts 22 Efficiency Add-on Per Diem (Stod - Alwe)l x, 7s, up to max, or o) 23 Efficiency Add-on Per Diem (Stod - Alwe)l x, 7s, up to max, or o) 24 Total Quarterly Per Diem Rate 25 Care Mix Adjusted Allowand Per Diem = 3.0% (to Routine Srvcs) 26 Ln 19 Cale x CPS Add-on 27 Navis Rate Prior to Add-on Amounts 28 Efficiency Add-on Per Diem (Stod - Alwe)l x, 7s, up to max, or o) 28 Navis Rate Prior to Add-on Amounts 29 Efficiency Add-on Per Diem (Stod - Alwe)l x, 7s, up to max, or o) 39 Cale Policy Manural) 30 Cale Policy Manural) 30 Cale Policy Manural) 30 Cale Policy Manural) 30 Cale Policy Manural) 31 Stod Stod Stod Stod Stod Stod Stod Stod	8	Total Nursing Facility Days As Filed Days = 21,818	FY12 Audited C/R Days	21,818									
Base Period Facility Case Mix Index for All Residents from 4 qtrs of FY12 1.4494 11 Routine Srvcs Case Mix Adjust (CMA) Net Per Diem Ln 9 / Ln 10 S43.45 S0.00 S14.50 S12.88 S33.64 S0.62 S10.56		Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,682	FY 18 GL-PL Ins Rpt Days								24,682		
Routine Srives Case Mix Adjistid (CMA) Net Per Diem	9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7/Ln 8 Cola	\$141,71	\$62.97	\$0.00	\$14.50	\$12.88	(with L&H)	\$39.64	\$0.62	\$10.56	\$0.54
12 Net Per Diems after Case Mix Adjistint to Routine Sirves RS = Ln 11, AllOthr = Ln 9 per Per Group Limits S	10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4494								
13 Per Diem Standards (After Statewide CMA for Routine Srves)	11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$43.45								
Base Period Case Mix Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 S99.33 S43.45 S0.00 S14.50 S12.88 S20.56 S0.62 G.78	12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = Ln 9		\$43.45	\$0.00	\$14.50	\$12.88		\$39.64	\$0.62	\$10.56	\$0.54
Quarterly Per Diem Rate Prior to Add-ons Ln 14 x Grinth Allwinc % \$12.22 \$5.81 \$0.00 \$1.94 \$1.72 \$0.00 \$2.75 \$N/A \$N/A \$1.60	13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0,00	N/A	
Quarterly Per Diem Rate Prior to Add-ons Ln 14 x Grwth Allwanc % S12.22 S5.81 S0.00 S1.94 S1.72 S0.00 S2.75 N/A 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	\$0,54
15 Growth Allowance Percentage = 13.37% Ln 14 x Griwth Allownc % S12.22 S5.81 S0.00 S1.94 S1.72 S0.00 S2.75 N/A N/A		Quarterly Per Biam Pata Prior to Add one										(FRV)	
16 CMA Allowed Per Diem (Alter Growth Allowance Add-on) 17 Quarterly Facility Case Mix Index for Medicaid Residents 18 Quarterly Facility Case Mix Adjstd (CMA) Net Per Diem 19 Quarterly Medicaid CMA Allowed Per Diem 19 Quarterly Medicaid CMA Allowed Per Diem 20 Efficiency Add-on Per Diem (Istnd - Awdj x.75, up to max, or 0) 21 BIMS Add-on Per Diem 1 1.0% (to Routine Srvcs) 22 Nurrsing Home Provider Fee 23 Nursing Home Provider Fee 24 Total Quarterly Per Diem Add-on Amounts 25 Quarterly Per Diem Add-on Amounts 26 Efficiency Add-on Per Diem = 1.0% (to Routine Srvcs) 27 Ln 19 Col b x Sting Add-on S2.23 \$2.23	15	•	Ln 14 x Grwth Allwric %	\$12.22	\$5.81	\$0.00	\$1.94	\$1.72	\$0.00	\$2.76	N/A	MA	N/A
17 Quarterly Facility Case Mix Index for Medicaid Residents per Current Otr End Quarterly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Ln 16 x Ln 17			Ln 14 + Ln 15			1 1	1			i	1 1		\$0.54
18 Orthy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Ln 16 x Ln 17 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) BIMS Add-on Per Diem = 1.0% (to Routine Srvcs) Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) Nursing Home Provider Fee (Fixed Amount) Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 Quarterly Case Mix Based Per Diem Rate Ln 19 + Ln 24 S157.73 S77.71 S0.00 \$16.44 \$14.60 \$0.00 \$23.31 \$0.62 \$56.78 \$574.21 \$0.00 \$16.44 \$14.60 \$0.00 \$20.00 \$23.31 \$0.62 \$50.78 \$0.00 \$0		· · · · · · · · · · · · · · · · · · ·	per Current Otr End	\$(1,1.02	•	\$0.00	010,44	\$14.00	\$0.00	\$20.01	\$0.02	\$0.70	\$0.04
19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOlhr = Ln 16 \$136.50 \$74.21 \$0.00 \$16.44 \$14.60 \$0.00 \$23.31 \$0.62 \$6.78 Quarterly Per Diem Add-on Amounts Cuarterly Per Diem Add-on Amounts 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.		· · · · · · · · · · · · · · · · · · ·	•		***************************************								
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 \$0.0	19	- · ·	RS = Ln 18, AllOlhr = Ln 16	\$136.50		\$0.00	\$16.44	\$14.60	\$0,00	\$23.31	\$0.62	\$6.78	\$0.54
Efficiency Add-on Per Diem (Stad - Alwd x .75, up to max, or 0) (see Policy Manual) \$1.16 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.0		Quarterly Per Diem Add. on Amounts											
21 BIMS Add-on Per Diem = 1.0% (to Routine Srvs) 22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvs) 23 Nursing Home Provider Fee 24 Total Quarterly Per Diem Add-on Amounts 25 Quarterly Case Mix Based Per Diem Rate 26 Ln 19 + Ln 24 27 Ln 19 col b x Stfng Add-on Sp. 74 Sp	20	-	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Sives) Ln 19 Col b x Stfng Add-on (Fixed Amount) S17.10 Total Quarterly Per Diem Add-on Amounts Cuarterly Case Mix Based Per Diem Rate Ln 19 + Ln 24 S15.73 S77.71 S0.00 S16.66 S15.01 S0.00 S40.41 S0.00 S40.41 S0.62 S6.78						₩ 5,00	Ψ0.22	φ0.44	φυ,UU	φυ.00		.50.0G	
23 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$17.1													
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 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		-	-	1	\$2.20					\$17.10			
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					\$3.50	\$p.nn	\$0.22	\$0.41	\$0.00		1	\$0.00	\$0.00
	-		-										\$0.54
26 Quarterly Per Diem Rate for Bed Hold and Leave Days (Ln 25 - Ln 23)* 0.75 \$105.47	26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$105.47			11			1 7	1	Ţ-11 W	1

Provider: Heardmont Nursing Home Prodr ID: 00082981A		Add-on Data and Gre	Percentages	Facility Score N/A	Add-on Percent 13.37%	Cas	e Mix Index (0	CMI) Data		Facility Specific 1.1433	State- wide 1,3617
Case Mix Per Diem Rate Effective Date MDS & Nurse Hrs Data per Quarter Ending		or On-Site Day/Q	trly BIMS score uality Incentive:	28.2% 2.91	1.0% 3.0%	Qrtrly Mcaid	Quarterly	Medicaid CMI; Wght Options;		1.6099 1.6406	1,5138 1,5405
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
		a a a a a a a a a a a a a a a a a a a	b (1)	C	d	е	f	g	g	Sayros h aras (S	egyste f ittegstel
CASE MIX BASED RATE CALCULATIONS											
1 Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90,0% 100,0% \$0,00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Base Period Per Diem Allowed Amounts											•
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,723,340	\$1,179,431	\$0	\$331,227	\$218,788	\$290,998	\$441,425	\$51,622	\$209,849	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$63,465)	\$0	\$0	\$486	(\$3,199)	(\$17,639)	(\$37,473)		(\$33,466)	\$27,826
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,659,875	\$1,179,431	\$0	\$331,713	\$215,589	\$273,359	\$403,952	\$51,622	\$176,383	\$27,826
8 Total Nursing Facility Days As Filed Days = 20,589	FY12 Audited C/R Days	20,589									
Total Nursing Facility Days GL-Pl, Ins, Rpt As Filed Days = 14,740	FY 18 GL-PL Ins Rpt Days								14,740		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7/l,n 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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50,10								
12 Net Per Diems after Case Mix Adjstrat to Routine Srvcs	RS = Ln 11, AliOthr = 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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$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
Quarterly Per Diem Rate Prior to Add-ons 15 Growth Allowance Percentage = 13,37%	Ln 14 x Grwth Allwac %	\$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 Qir End		1.6406	43.30	775.20	4	42.00	421.1 ,	45.00	41.00	\$1.55
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 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
Quarterly Per Diem Add-on Amounts											
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 = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.93	\$0.93			-					
22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	೬၈ 19 Col b x Slfng Add-on	\$2.80	\$2.80								
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.95	\$4.26	\$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	\$194,23	\$97.45	\$0.00	\$18.48	\$26.18	\$0.00	\$39.71	\$3,50	\$7.56	\$1.35
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$132.85			1	·					

Provider: Heart of Georgia Prvdr ID: 00141358A H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/01/20 06/30/20 N		Data and Percentages Growth Allowance: BIMS: ite Day/Quality Incentive:	Facility Score N/A 20.8% 2.69	Add-on Percent 13.37% 1.0% 3.0%	***************************************	Quarter	(CMI) Data riod Overall CMI: ly Medicaid CMI: G Wght Options:		Facility Specific 1.2133 1.7926 1.8282	State- wide 1.3617 1.5138 1.5405
Line # Description	Sources / Calculations	Totals	Routine Services b	Special Services c	Dietary	Laundry & Houskpng e	Plant Operatns & Maint f	Admin and General q	A&G- GL-PL Insurance	Property and Related h	Taxes and Insurance
CASE MIX BASED RATE CALCULATIONS Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons GL-PL- Insurance Costs	FY2018 GL-PL Ins. Ro	t	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	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37	\$ 26.069		
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 Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	FY2018 GL-PL Ins. Rp FY 2012 Peer Group Lin	i	\$9,08		\$18.41 \$17.49 \$2.34 \$19.83	\$23.09 \$21.94 \$2.93 \$24.87		\$20.56 \$19.53 \$2.61 \$22.14	1	\$13.41 \$13.41 \$13.41 (FRV Rate)	
Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 1.0% to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% Nursing Home Provider Fee		\$221.99 \$1.41 \$4.22 \$17.10	\$1.41 \$4.22		\$19.83	\$24.87		\$22.14 17.10	\$0.79	\$13.41	\$0.15
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%	\$170.71	\$22.73 \$244.72		***************************************	\$19.83	\$24.87		\$39.24	\$0.79	\$13.41	\$0.15

Provider:	Heritage Healthcare -Forsyth, LLC	Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State- wide
Prvdr ID:	00141017A Case Mix Per Diem Rate Effective Date; MDS & Nurse Hrs Data per Quarter Ending:	Growth Allowance: Qtrly BIMS score	N/A 34.2%	13.37% 2.5%	Base Period Overall CMI: Quarterly Medicaid CMI:	1.3861 1.7317	1.3617 1.5138
	MUS & Nuise his Data per Quarter Ending.	 Nurse Hours per On-Site Day/Quality Incentive:	2.83	3.0%	Ortrly Meaid CMI w RUG Wght Options:	1,7631	1.5405

		, , , , , , , , , , , , , , , , , , ,	o. o o o		. 2.00	0.075	anny moon	, CI 1 1 1 1	vvgiii Options.		1,7031	1.5405
Line #		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	595 1 555	g :	g	h	Andrei Ge
9	CASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90,0% 100.0% \$0,00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0,37			
5		As Filed FY12 C/R -FY 2018 GL-PL Rpt FY12 C/R Audit Adjstmts	\$3,583,363 (\$72,535)	\$1,946,823 (\$8,653)	\$0 \$0	\$323,156 \$0	\$284,356 (\$324)	\$217,553 (\$893)	\$503,832 (\$62,665)	\$173,285	\$134,358 (\$31,328)	\$0 \$31,328
7 8	Cost Center Costs After Audit Adjustments	FY12 Audited C/R FY12 Audited C/R Days	\$3,510,828 25,359	\$1,938,170	\$0	\$323,156	\$284,032	\$216,660	\$441,167	\$173,285	\$103,030	\$31,328
9	•	FY 18 GL-PL Ins Rpt Days Ln 7 / Ln 8 Col a	\$138.66	\$76.43	\$0,00	\$12.74	\$19.74	(with L&H)	\$17.40	24,586 \$7.05	\$4.06	\$1.24
10 11 12	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	from 4 qtrs of FY12 Ln 9 / Ln 10 RS = Ln 11, AllOthr = Ln 9		1,3861 \$55,14 \$55,14	\$0,00	\$12.74	\$19.74		647.40	67.05	04.00	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits Lesser of Ln 12 or Ln 13	\$120.56	\$71.51 \$55,14	\$0.00	\$18,41 \$12.74	\$19.74 \$23.09 \$19.74		\$17.40 \$20.56 \$17.40	\$7.05 \$0.00 \$7.05	\$4.06 N/A 7,25	\$1.2
45	Quarterly Per Diem Rate Prior to Add-ons	La Mar Cardo Albarra M	01101	27.07							(FRV)	
15 16 17 18	CMA Allowed Per Diem (After Growth Allowance Add-on) Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	Ln 14 x Grwth Allwnc % Ln 14 + Ln 15 per Current Qtr End Ln 16 x Ln 17	\$14.04 \$134.60	\$7.37 \$62.51 <u>1.7631</u> \$110.21	\$0.00 \$0.00	\$1.70 \$14.44	\$2.64 \$22,38	\$0.00 \$0.00	\$2,33 \$19.73	N/A \$7.05	N/A \$7.25	N/A \$1.24
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlhr = Ln 16	\$182,30	\$110.21	\$0.00	\$14.44	\$22.38	\$0.00	\$19.73	\$7.05	\$7.25	\$1,24
20 21		(see Policy Manual) Ln 19 Col b x CPS Add-on	\$1.53 \$2.76	\$0.53 \$2.76	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
22 23	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Sivcs) Nursing Home Provider Fee	Ln 19 Col b x Sting Add-on (Fixed Amount)	\$3.31 \$17.10	\$3,31					\$17.10			
24 25		Sum of Lns 20 thru 23 Ln 19 + Ln 24	\$24.70 \$207.00	\$6.60 \$116.81	\$0.00	\$0.22 \$14.66	\$0.41 \$22.79	\$0.00	\$17.47 \$37.20	\$0.00 \$7.05	\$0.00 \$7.25	\$0.0 \$1.2
26	*	(Ln 25 - Ln 23) * 0.75	\$142.43	,	1	1			1	1 7,,,,,		1
_		<u> </u>	1	1								

	rider. Heritage Healthcare -Grandview, LLC 10 10 141215A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020		owth Allowance: htrly BIMS score	25.9%	Add-on Percent 13.37% 1.0% 3.0%		Quarterly	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1,4300 1,6269 1,6577	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
167 B			8 000 00 a 000 000		С	o d	•	9-1888 f -18780	g	g	Parity (Physical Pro-	terassi mat
CA:	SE MIX BASED RATE CALCULATIONS											
1 (Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	eer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90,0% 100,0% \$0,00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	lase Period Per Diem Allowed Amounts											
	As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpi	\$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 Adistmts	(\$96,625)	(\$3,061)	\$0	(\$233)	\$330,000	(\$491)	(\$92,840)	\$173,230	\$250,437 (\$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						V-112, 1.22	77.0,200	4200,00	ψ·ιο,οος
	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 Srvcs	Ln 7 / Ln 8 Col a	\$151,28	\$82.53	\$0.00	\$14,43	\$20.41	(with L&H)	\$19,16	\$7.09	\$6.32	\$1.34
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4300								,
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.72								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71,51	\$0.00	\$18.41	\$23.09		\$20,56	\$0.00	N/A	
	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or l.n. 13	\$131.60	\$57.72	\$0,00	\$14.43	\$20,41		\$19.16	\$7.09	11.45 (FRV)	\$1.34
ł i	uarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13,37%	Ln 14 x Grwth Allwnc %	\$14.94	e7 70	60.00	64.00	60.70	***	00.00			
16	CMA Allowed Per Diem (After Growth Atlowance Add-on)	Ln 14 + Ln 15	\$14.94	\$7.72 \$65.44	\$0.00 \$0.00	\$1.93 \$16.36	\$2.73 \$23.14	\$0.00	\$2.56 \$21.72	N/A \$7,09	N/A \$11.45	N/A \$1.34
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$140,04	1.6577	φν.συ	310,30	\$23.14	\$0.00	\$21,72	\$1.09	\$11.45	\$1.34
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108,48								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AilOthr = Ln 16	\$189.58	\$108.48	\$0.00	\$16,36	\$23.14	\$0.00	\$21,72	\$7.09	\$11.45	\$1.34
c	uarterly Per Diem Add-on Amounts											
1 1	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 Srvs)	Ln 19 Col b x CPS Add-on	\$1.08	\$1,08		1	23,.,		13.07		43.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting 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 C	uarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$212.54	\$113.34	\$0.00	\$16.58	\$23.55	\$0.00	\$39.19	\$7.09	\$11.45	\$1.34
26 Q	uarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0,75	\$146.58			·····			1	1		

Provider;	Heritage Inn of Ba	arnesville		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State- wide
Prvdr ID;	00143613A	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020 06/30/20	Growth Allowance: Qtrly BIMS score Nurse Hours per On-Site Day/Quality Incentive:	N/A 48.5% 3.23	13.37% 5.5% 3.0%	Base Period Overall CMI; Quarterly Medicaid CMI; Qrtrly Mcaid CMI w RUG Wght Options;	1.3499 1,5780 1,6053	1.3617 1.5138 1.5405
	All Market Branch and the comment		Julia Jamana Inda			aliasasina.	Plant	Dennetu	

Line #	Description	Sources I Calculations	Totals	Routine Services b	Special Services	Dietary d	Laundry & Houskpng e	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
C	ASE MIX BASED RATE CALCULATIONS		22. 1. 1. 1. 1. 4 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Problem of Manager	ongga, Garagaa	Taragar u garagas		1999 (ST 1999)	g	g	in tiện các h ại cá thiệc	eteristes (CORect)
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 Facililies All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,953,065	\$2,698,086	\$0	\$540,262	\$316,196	\$272,627	\$637,292	\$112,121	\$376,481	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$24,917)	\$0	\$0	\$0	\$0	\$0	(\$25,520)		(\$23,865)	\$24,468
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,928,149	\$2,698,086	\$0	\$540,262	\$316,196	\$272,627	\$611,773	\$112,121	\$352,616	\$24,468
8	Total Nursing Facility Days As Filed Days = 39,325	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 Srvcs	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.3499</u>					ļ			
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.83								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$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	\$0.62
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
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 + l,n 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	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	İ	\$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
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diern ([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 Srvs)	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 Sivcs)	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						1			L

Prov Prvd	g	10/1/2020 06/30/20 Nurse Hours		owth Allowance: Ordy BIMS score	45.1%	Add-on Percent 13,37% 5,5% 3,0%			d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1,3183 1,7884 1,8218	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	Properly and Related	Taxes and Insurance
5 4 5			а	igener b (altit	С	d	interpeliation	0.55.64 1 .655.55	g	g	h	i
CAS	SE MIX BASED RATE CALCULATIONS								İ			
1 0	iost 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 3	eer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85,0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	ase Period Per Diem Allowed Amounts	(,,							00.01			
	As Filed Cost Center Costs (Routine & Special Stycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL R	pt \$2,922,685	\$1,514,491	so	\$318,355	\$150,840	\$218,788	\$374,361	\$57,351	\$288,499	\$0
	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$11,961)	\$1,514,451	so	\$010,000	\$150,640	\$663	(\$13,956)		(\$21,030)	\$21,905
1	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,910,724	\$1,514,491	so	\$318,355	\$151,297	\$219,451	\$360,405	\$57,351	\$267,469	\$21,905
8	Total Nursing Facility Days As Filed Days = 21,700	FY12 Audited C/R Days	21,700				,,	,,	,,		1	V ,•
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,510	FY 18 GL-PL Ins Rpt Days								21,510		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$134.17	\$69.79	\$0.00	\$14.67	\$17.09	(with L&H)	\$16,61	\$2.67	\$12.33	\$1.01
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3183								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.94								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$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	\$1.01
Q	uarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$13.54	\$7.08	\$0.00	\$1,96	\$2.28	\$0.00	\$2.22	N/A	N/A	N/A
16	CMA Allowed Per Diern (After Growth Allowance Add-on)	Ln: 14 + Ln 15	\$128.65	\$60.02	\$0.00	\$16.63	\$19,37	\$0.00	\$18.83	\$2.67	\$10.12	\$1.01
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8218								
18	Ontry Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.34								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOlhr = Ln 16	\$177.97	\$109.34	\$0.00	\$16.63	\$19,37	\$0,00	\$18.83	\$2.67	\$10.12	\$1.01
Q	uarterly Per Diem Add-on Amounts											
1 1	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 Srvs)	Ln 19 Col b x CPS Add-on	\$6.01	\$6,01								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.28	\$3.28								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17,10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.92	\$9.82	\$0,00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0,00	\$0.00
25 Q	uarterly 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
·····						1		1	1	, ,		

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$141.59

(Ln 25 - Ln 23) * 0.75

1	rovider: High Shoals Health & Rehabilitation rvdr ID: 00212814A Case Mix Per Diem Rate Effective Date:	10/1/2020		Percentages owth Allowance;		Add-on Percent 13.37% 1.0%	Cas		CMI) Data d Overall CMI: Medicaid CMI:		Facility Specific 1,3425 1,2961	State- wide 1.3617 1.5138
	MDS & Nurse Hrs Data per Quarter Ending:	06/30/20 Nurse Hours p	oer Ол-Site Day/C	uality Incentive:	3.22	3.0%	Ortrly Mcaid	CMI w RUG			1.3152	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 ()	С	d	e e e	Viii rei f Viijas	g	9	h h	15-14-55-
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90,0% 100,0% \$0.53	90.0% 100.0% \$0.00	90,0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,303,039	\$2,934,713	so.	\$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)	so.	(\$33,409)	(\$2,717)		(\$83,346)	000,401	(\$27,601)	\$15,724
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,141,850	\$2,920,771	\$0	\$601,197	\$340,524	\$429,392	\$670,945	\$98,431	\$64,866	\$15,724
8	Total Nursing Facility Days As Filed Days = 27,611	FY12 Audited C/R Days	27,611	, ,			,				,,,,,,	*
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,700	FY 18 GL-PL Ins Rpt Days								33,700		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$185.57	\$105.78	\$0.00	\$21.77	\$27.88	(with L&H)	\$24.30	\$2.92	\$2.35	\$0.57
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3425								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.79								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0,00	\$18.41	\$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
!	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$17.86	\$9,56	\$0.00	\$2.46	\$3.09	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$170.41	\$81.07	\$0,00	\$20.87	\$26.18	\$0.00	\$23.31	\$2.92	\$15.49	\$0.57
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.3152</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x £n 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
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0,00	\$0,00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BiMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.07	\$1,07							******	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting 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	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$217.33	\$110,89	\$0.00	\$20.87	\$26.18	\$0.00	\$40.41	\$2.92	\$15.49	\$0.57
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0,75	\$150.17						1			

Facility Add-on Facility State-Hill Haven Nursing Home Add-on Data and Percentages Score Percent Specific Case Mix Index (CMI) Data _wide_ Prvdr ID; 00448456A Growth Allowance: N/A 13.37% Base Period Overall CMI: 1,2298 1.3617 Case Mix Per Diem Rate Effective Date: 10/1/2020 Qtrly BIMS score 36,4% 2.5% Quarterly Medicaid CMI: 1,3863 1.5138 MDS & Nurse Hrs Data per Quarter Ending: 06/30/20 Nurse Hours per On-Site Day/Quality Incentive: 3.15 3.0% Ortrly Meaid CMI w RUG Wght Options: 1.4104 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
			а	Ь	С	d	8	125655.4,59,556	g :	g	graden h editor	, 174 i 174 ji 4
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentife Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105,0% \$0,37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 GLPL 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 Srvcs	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 girs of FY12		1.2298								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.63								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlhr = 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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$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	\$1.65
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwac %	\$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	•		*****	, , , , ,		1	74	V
18	Ortrly Routine Srvcs 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
20	Quarterly Per Diem Add-on Amounts	(see Policy Manual)	\$1.16	en en	\$0.00	ėn nn	50.44	60.00	60.00		40.00	
21	Efficiency Add-on Per Diem {Stnd - Alwd} x .75, up to max, or 0} BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.10	\$0.53 \$2.22	\$0,00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Sivs)	Ln 19 Col b x Sling Add-on	\$2.22									
23	Nursing Home Provider Fee	(Fixed Amount)	\$2.67 \$17.10	\$2.67					\$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
	The state of the s		\$100.04	24.31	20,00	\$10.50	\$20,84	30,00	J40,41	32.02	\$2.11	41.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$126.41									

Facility Add-on Facility State-Jesup Health Care Provider: Add-on Data and Percentages Score Percent Case Mix Index (CMI) Data Specific wide Prvdr ID: 00142689A Growth Allowance: N/A 13.37% Base Period Overall CMI: 1.4500 1.3617 Case Mix Per Diem Rate Effective Date: 10/1/2020 Qtrly BIMS score 41.0% 2.5% Quarterly Medicaid CMI; 1,9299 1.5138 MDS & Nurse Hrs Data per Quarter Ending: 06/30/20 Nurse Hours per On-Site Day/Quality Incentive; 3.38 3.0% Ortrly Moaid CMI w RUG Wight Options; 1,9677 1.5405 Plant Admin Property Taxes Routine Special Laundry & 4&G-GL-PL Line Sources I Totals Dietary Operatos and and and Description Services Services Houskong Insurance . # Calculations & Maint General Related Insurance а b c d g g CASE MIX BASED RATE CALCULATIONS Cost Center Peer Groups (see Policy Manual) 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 Peer Group Standards: Percentile 90.0% (see Policy Manual) 90.0% 90.0% 85.0% 50.0% 3 Peer Group Standards: Multiplier (see Policy Manual) 100.0% 100,0% 100.0% 100.0% 105.0% 4 Efficiency Measure Maximums (see line 20 for actual) (see Policy Manual) \$0.53 \$0.00 \$0.22 30.41 \$0,37 Base Period Per Diem Allowed Amounts 5 As Filed FY12 C/R -FY 2018 GL-PL Rpt As Filed Cost Center Costs (Routine & Special Stycs Combined) \$3,416,686 \$1,923,963 SO \$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 \$7,477 (\$2,281) (\$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 \$173,714 \$20,609 \$12,782 8 Total Nursing Facility Days FY12 Audited C/R Davs As Filed Days = 24,507 24,507 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,290 FY 18 GL-PL Ins Rpt Days 21,290 9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Ln 7 / Ln 8 Col a \$124.28 \$65.67 \$0.00 \$12.62 \$0.97 \$17.46 (with L&H) \$19.95 \$7.09 \$0.52 10 from 4 atrs of FY12 Base Period Facility Case Mix Index for All Residents 1.4500 11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Ln 9 / Ln 10 \$45.29 12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs 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 Srvcs) per Peer Group Limits \$71.51 \$0.00 \$18,41 \$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 \$0.52 (FRV) Quarterly Per Diem Rate Prior to Add-ons 15 Growth Allowance Percentage = 13,37% Ln 14 x Grwth Allwnc % \$12,75 \$6.06 \$0,00 \$2,33 \$1,69 \$0.00 \$2.67 N/A N/A N/A Ln 14 + Ln 15 16 CMA Allowed Per Diem (After Growth Allowance Add-on) \$116.14 \$51.35 \$0.00 \$14.31 \$19.79 \$0.00 \$22.62 \$0.97 \$6,58 \$0.52 17 per Current Qtr End Quarterly Facility Case Mix Index for Medicaid Residents 1.9677 18 Ortriy Routine Srvcs 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 \$101.04 \$165.83 \$0.00 \$14,31 \$19,79 \$0.00 \$22.62 \$0.97 \$6.58 \$0.52 Quarterly Per Diem Add-on Amounts 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 Srvs) Ln 19 Coi b x CPS Add-on \$2.53 \$2.53 22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) Ln 19 Col b x Sting Add-on \$3.03 \$3.03 23 Nursing Home Provider Fee \$17.10 (Fixed Amount) \$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 \$40.09 \$0.97 \$0.00 \$6.58 \$0.52

Quarterly Per Diem Rate for Bed Hold and Leave Days

\$129,69

(Ln 25 - Ln 23) * 0.75

FINAL

	ase Mix Per Diem Rate Effective Date; & Nurse Hrs Data per Quarter Ending:	10/01/20 06/30/20 Nurse Hou		ata and Percentages Growth Allowance: 81MS Day/Quality Incentive:	Facility Score N/A 38.5% 3,05	Add-on Percent 13.37% 2.5% 3.0%	Qrtriy		riod Overall CMI: ly Medicaid CMI:		Facility Specific 1.2689 1.1048 1.1174	State- wide 1.3617 1.5138 1.5405
Line Description		Sources / Calculations	Totals a	Rouline Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Properly and Related	Taxes and Insurance
CASE MIX BASED RATE CALCULATIONS					<u> </u>		G	1 4 5 4 5 4 5 4 5 5 6 5 6 6 6 6 6 6 6 6 6	g		. Макелена (В. 1.	
Cost Center Peer Groups per Selected Options			l	1	1	2	1	1 1	i 4 1	1		ı .
Type of Facility within Peer Group				All Facilities	All Facilities	Hoso Based	All Facilities	All Facilities	All Facilities			
Bed Size Range within Peer Group				All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Lin	nits			7 117 200 01200	7111 200 01200	TIM DEG CREES	7 m 200 0/200	All Deb offes	All Ded Sizes			
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%			1
Efficiency Measures (Maximums)				\$0.53	\$0.00	\$0.22	\$0,41		\$0.37			
Base Period Per Diem Allowed Amounts						44.22	44,7,		Ψ0.01			l
Net Historical Cost 2010		FY2010 C/R -FY 2018 GL-PL Rpt		2,218,749		659,341	196,091	287,566	544.060	33,164	125,937	8,186
Inflation (July 2012) @	2.06%			45,706		13,582	9,963		11,208	00,.01	120,001	169
Patient Days	į	FY 2010 Cost Rpt		28,754		28,754	28,754		28,754		28,754	28,754
Total Nursing Facility Days GL-PL Ins. Rpt		FY 18 GL-PL ins Rpt Days				,				24,337	20,.0.	20,70
Inflated NHC/ Patient Days				78.75		23.40	17.17		19.31	1.36	4,38	0.29
Base Period Facility CMI for all Residents			•	1,2689			.,		,	,,,,,		0.20
Routine Services Case Mix Adjusted Net Per Die	m l			\$62.06								
Net Per Diems After Case Mix Adjustments	E CONTRACTOR DE		\$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	*****	7	5,200
Base Period Case Mix Adjusted Allowed Per Dier	m l		\$136.00	\$62.06		\$23,40	\$17.17		\$19.31	\$1.36	12.40	0.29
Quarterly Per Diem Rate Prior to Add-Ons	Arrate		-								(FRV Rate)	
Growth Allowance 13,37%			\$16.30	\$8,30		\$3,13	\$2.30		\$2.58	1	,	
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 Re	esidents			1.1174							,	,
Ortly Routine Srvcs Case Mix Adjstd (CMA) Net F	Per Diem			\$78.62					İ			
Quarterly Medicaid CMA Allowed Per Diem			\$160.55	\$78.62		\$26.53	\$19.46		\$21.89	\$1,36	\$12.40	\$0.29
Quarterly Per Diem Add-On Amounts	i									· ·		
Efficiency Add-On Per Diem (Std - Allwd x .75 up	to max or 0)		\$1.53	\$0,53		\$0.22	\$0.41		\$0.37	I		
BIMS Add-on Per Diem =	2.5% (to Routine Srvs)		\$1.97	1,97								
Nurse Staff Hrs / Quality Add-on Per Diem =	3.0%		\$2.36	2.36						-	j	
Nursing Home Provider Fee			\$ 17,10						\$ 17.10	***************************************		
Total Quarterly Per Diem Add-On Amounts			\$22.96									<u> </u>
Quarterly Case Mix Based Per Diem Rate			\$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 I	Fee) x 75%	\$124.81	:									

1 '	Provider: Jonesboro Nurs. & Rehab Ctr. 200531033A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020		owth Allowance: httly BIMS score	Facility Score N/A 24.4% 3.99	Add-on <u>Percent</u> 13.37% 1.0% 2.0%		Quarterly	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.7250 1.6313 1.6608	State- wide 1.3617 1.5138 1.5405
Lin		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
-			а	b	G	d	e de la companya de la companya de la companya de la companya de la companya de la companya de la companya de	Higgs () faither	g	g	es de la hacean	11.4 (1.487)
2	CASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100,0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$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 Fited 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 Srvcs	£n 7 / £n 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		from 4 qtrs of FY12		<u>1.7250</u>								
11	Routine Srycs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$44.71								
12		RS = Ln 11, AilOthr = 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 Srvcs)	per Peer Group Limits		\$71,51	\$0.00	\$18.41	\$23,09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of En 12 or Ln 13	\$117.78	\$44.71	\$0.00	\$16,66	\$16.31		\$20,56	\$3.70	13.86 (FRV)	\$1.98
	Quarterly Per Diem Rate Prior to Add-ons										(,,,,,	
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	, , ,	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		<u>1.6608</u>								
18	Ortrly Routine Srvcs 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
	Quarterly Per Diem Add-on Amounts									Ì		
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0,00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	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 Srvcs)	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			***************************************		•	•	11		

	ovider: Kentwood vdr ID: 00143426A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020 06/30/20 Nurse Hours		owth Allowance: Orly BIMS score	54.6%	Add-on Percent 13,37% 5,5% 3.0%	-		d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.2689 1.5931 1.6211	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
C	ASE MIX BASED RATE CALCULATIONS		i gaseli a cama	b	C	d			g	g	h (e	Weste i eat
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 3 4	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) (see Policy Manual) (see Policy Manual)		90,0% 100,0% \$0,53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpl	45,552,510	\$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 8	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,967,242	\$2,965,870	\$0	\$546,138	\$263,810	\$215,751	\$626,064	\$176,477	\$172,876	\$256
8	Total Nursing Facility Days As Filed Days = 27,487	FY12 Audited C/R Days	27,487									
	Total Nursing Facility Days GLPL Ins. Rpt As Filed Days = 33,404	FY 18 GL-PL ins Rpt Days	2472.52							33,404		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a from 4 qtrs of FY12	\$179.58	\$107,90	\$0,00	\$19.87	\$17.45	(with L&H)	\$22.78	\$5.28	\$6.29	\$0.01
11	Base Period Facility <u>Case Mix Index</u> for All Residents Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	tom 4 qus of F1 12		1.2689								
12	Net Per Diems after Case Mix Adjstrat to Routine Srycs	RS = Ln 11, AllOthr = Ln 9		\$85.03	60.00	640.07	247.15		400.70		***	****
13	Per Diem Standards (After Statewide CMA for Routine Stycs)	per Peer Group Limits		\$85.03 \$71.51	\$0.00 \$0.00	\$19.87	\$17.45 \$23.09		\$22.78	\$5.28	\$6,29	\$0.01
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$150,26	\$71.51	\$0.00	\$18.41 \$18.41	\$23.09		\$20,56 \$20,56	\$0.00	N/A	20.04
"	Sade t allow dase Mix Adjusted Allowed Per Dietil	COSSCI OF EN 12 OF EN 13	\$150,20	\$11.51	\$0.00	\$10.41	\$17.45		\$20.56	\$5,28	17.04 (FRV)	\$0.01
	Quarterly Per Diem Rate Prior to Add-ons										,,	
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 Diern (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		<u>1.6211</u>								
18	Ortrly Routine Srvcs 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
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.41	\$0.00	\$0.00	\$0,00	\$0.41	\$0.00	\$0,00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	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 Srvcs)	Ln 19 Col b x Sting 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	Quarterly Case Mix Based Per Diem Rate	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	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$171.97									

1	vider. Keysville Nursing Home and Rehab Ctr	_	Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	se Mix Index (0	CMI) Dala		Facility Specific	State- wide
Prv	dr ID: 00141655A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020 06/30/20 Nurse Hours	Growth Allowance: Qtrly BIMS score s per On-Site Day/Quality Incentive:		N/A 54.2% 3.33	13,37% 5,5% 3.0%	Base Period Overall CMI: Quarterly Medicaid CMI: Qrtrly Mcaid CMI w RUG Wght Options:				1.3131 1.3393 1.3640	1.3617 1.5138 1,5405
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	đ	е	f	g	g		enteljiki j erespr
CA	SE MIX BASED RATE CALCULATIONS											*1.1
ΙT												
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 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41	**************************************	50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Stycs 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 Adistmts	(\$13,288)	\$5,280	\$0	\$580	\$525	\$327,423	(\$20,791)	\$7,037	\$375,344 (\$21,389)	\$22,174
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,860,070	\$1,326,997	\$0	\$334,934	\$175,478	\$327,758	\$311,137	\$7,637	\$353,955	\$22,174
8	Total Nursing Facility Days As Filed Days = 20,912	FY12 Audited C/R Days	20,912	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-		*****	4027,100	\$511,151	01,001	4000,000	ΨΕΕ, 11-4
	Total Nursing Facility Days GtPL Ins. Rpt As Filed Days = 19,753	FY 18 GL-PL Ins Rpt Days								19,753		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 glrs of FY12		1.3131						,	*	*
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$48.33								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srycs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0,00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$120.00	\$48.33	\$0,00	\$16.02	\$23.09		\$14.88	\$3.03	13.59 (FRV)	\$1,06
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13.37%	Le 14 x Greth Allwed %	642.50	***		60.44	00.00					
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$13.68 \$133.68	\$6.46 \$54.79	\$0.00 \$0.00	\$2,14 \$18,16	\$3.09 \$26.18	\$0.00	\$1,99	N/A	N/A	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$133,08	1.3640	\$0.00	\$18.10	\$26,18	\$0.00	\$16.87	\$3.03	\$13.59	\$1.06
18	Ortriy Routine Srvcs 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
- 1	Quarterly Per Diem Add-on Amounts											
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 = 5.5% (to Routine Srvs)	En 19 Col b x CPS Add-on	\$4.11	\$4.11								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting 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							· '		

1	rovider: Lafayette Nursing & Rehab Center rvdr ID: 00399737A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020		owth Atlowance; httly BIMS score	Facility Score N/A 47.2% 0.00	Add-on Percent 13.37% 5.5% 2.0%		Quarterly i	CMI) Data d Overall CMI; Medicaid CMI; Wght Options;		Facility <u>Specific</u> 1.4871 1.5313 1.5565	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
C	LASE MIX BASED RATE CALCULATIONS		a	BECOM buy with	c c	d	.	11990 (1990) 1199 (1990) 11990 (1990) 11990 (1990) 11990 (1990) 11990 (1990) 11990 (1990) 11990 (1990) 11990 (1990) 11990 (1990) 11990	g	g	<u> 1978 - Erillhurs, Far</u> a	12,2 - T ARI,
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 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs Combined) Audit Adjustments and Reallocations to Cost Center Costs	As Filed FY12 C/R -FY 2018 GL-PL Rpt FY12 C/R Audit Adistmts	\$9,256,560 (\$77,970)	\$4,885,876 (\$74,174)	\$0 \$0	\$883,051 (\$4,172)	\$416,107 \$840	\$519,499 \$1,832	\$1,637,603	\$385,084	\$529,340 (#25,000)	\$0 \$87,765
7 8	Cost Center Costs After Audit Adjustments Total Nursing Facility Days As Filed Days = 55,096	FY12 Audited C/R FY12 Audited C/R Days	\$9,178,590 55,096	\$4,811,702	\$0	\$878,879	\$416,947	\$1,632 \$521,331	(\$4,163) \$1,633,440	\$385,084	(\$85,898) \$443,442	\$87,765 \$87,765
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days ≈ 44,797 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Base Period Facility <u>Case Mix Index</u> for All Residents	FY 18 GL-PL Ins Rpt Days Ln 7 / Ln 8 Col a from 4 qtrs of FY12	\$168.20	\$87,33 <u>1.4871</u>	\$0.00	\$15.95	\$17.03	(with L&H)	\$29.65	44,797 \$8.60	\$8,05	\$1.59
11 12 13	Rouline Srvcs Case Mix Adjstd (CMA) Net Per Diem Net Per Diems after Case Mix Adjstmt to Routine Srvcs Per Diem Standards (After Statewide CMA for Routine Srvcs)	Ln 9 / Ln 10 RS = Ln 11, AllOthr = Ln 9 per Peer Group Limits		\$58.73 \$58.73 \$71.51	\$0.00 \$0.00	\$15.95 \$18.41	\$17.03 \$23,09		\$29.65 \$20.56	\$8.60 \$0.00	\$8.05 N/A	\$1.59
14	Base Period Case Mix Adjusted Allowed Per Diem Quarterly Per Diem Rate Prior to Add-ons	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
15 16 17	Growth Allowance Percentage = <u>13.37%</u> CMA Allowed Per Diem (After Growth Allowance Add-on) Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	En 14 x Grwth Allwnc % En 14 + En 15 per Current Qtr End	\$15.01 \$153.94	\$7,85 \$66.58 <u>1.5565</u>	\$0.00 \$0.00	\$2.13 \$18.08	\$2.28 \$19.31	\$0.00 \$0.00	\$2,75 \$23,31	N/A \$8.60	N/A \$16,47	N/A \$1,59
18 19	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	Ln 16 x Ln 17 RS = Ln 18, AliOthr = Ln 16	\$190,99	\$103.63 \$103,63	\$0.00	\$18.08	\$19.31	\$0,00	\$23.31	\$8.60	\$16.47	\$1.59
20 21	Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem {(Stnd - Alwd} x .75, up to max, or 0) BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	(see Policy Manual) Ln 19 Col b x CPS Add-on	\$1.16 \$5.70	\$0,53 \$5,70	\$0,00	\$0.22	\$0.41	\$0.00	\$0,00		\$0.00	
22 23 24	Nurse Staff Hrs / Quality Add-on Per Diem = 2,0% (to Routine Srvcs) Nursing Home Provider Fee Total Quarterly Per Diem Add-on Amounts	Ln 19 Col b x St/ng Add-on (Fixed Amount) Sum of Lns 20 thru 23	\$2.07 \$17.10 \$26.03	\$2.07 \$8.30	\$0.00	\$0,22	\$0.41	\$0.00	\$17.10 \$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$26.03	\$111.93	\$0.00	\$18.30	\$19.72	\$0.00	\$17.10	\$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						!	I		

Provider:	LaGrange Nurs, & Rehab. Ctr.		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility <u>Specific</u>	State- wide
Prvdr ID:	00270245A		Growth Allowance:	N/A	13.37%	Base Period Overall CMI:	1.4490	1.3617
	Case Mix Per Diem Rate Effective Date:	10/1/2020	Qtrly BIMS score	23.7%	1.0%	Quarterly Medicaid CMI:	1.4300	1.5138
	MDS & Nurse Hrs Data per Quarter Ending:	06/30/20	Nurse Hours per On-Site Day/Quality Incentive:	2.96	2.0%	Ortrly Mcaid CMI w RUG Wght Options:	1.4563	1.5405

Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng e	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related h	Taxes and Insurance
			а	D D	C	u	е	•	g	g	"	'
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	1 All Facilities	2 Free Standing	1 All Facilities	1 All Facilities	1 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			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$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 Srvcs	Ln 7 / Ln 8 Col a	\$133.64	\$65.34	\$0.00	\$13.19	\$13.31	(with L&H)	\$17.39	\$0.74	\$23.02	\$0.65
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4490								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$45.09								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$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	\$0.65
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$11.90	\$6.03	\$0.00	\$1.76	\$1.78	\$0.00	\$2.33	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$111.20	\$51.12	\$0.00	\$14.95	\$15.09	\$0.00	\$19.72	\$0.74	\$8.93	\$0.65
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4563								
18	Ortrly Routine Srvcs 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
20	Quarterly Per Diem Add-on Amounts 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 Srvs)	Ln 19 Col b x CPS Add-on	\$0.74	\$0.53 \$0.74	φυ.00	φυ.22	φυ.41	φυ.00	φυ.37		φυ.υυ	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvs)	Ln 19 Col b x Stfng Add-on	\$1.49	\$0.74 \$1.49								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	Ψ1.43					\$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	\$17.10	\$0.00	\$0.00	\$0.00
25	,	Ln 19 + Ln 24	\$155.39	\$77.21	\$0.00	\$15.17	\$15.50	\$0.00	\$37.19	\$0.74	\$8.93	\$0.65
	,	/ln 25 ln 22* 0.75	£400.70									
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$103.72									

1	Provider: Lake City Nursing & Rehab Ctr. Prvdr ID: 00141699A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020		owth Allowance: Oldy BIMS score	Facility Score N/A 46.5% 2.99	Add-on Percent 13,37% 5,5% 3,0%		Quarterly	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.6589 1.5603 1.5896	State- wide 1,3617 1,5138 1,5405
Line		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	CASE MIX BASED RATE CALCULATIONS		a	b	iii in C	đ	e	accentices	g en	and grade	gilling and harmon and a	<u>a .</u> ∎954
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 3 4		(see Policy Manual) (see Policy Manual) (see Policy Manual)		90,0% 100,0% \$0,53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
5 6 7	Audit Adjustments and Reallocations to Cost Center Costs	As Filed FY12 C/R -FY 2018 GL-PL Rpt FY12 C/R Audit Adjstmts FY12 Audited C/R	\$11,284,046 (\$116,463) \$11,167,583	\$6,137,555 (\$15,744) \$6,121,811	\$0 \$0 \$0	\$1,190,052 (\$3,210) \$1,186,842	\$517,678 \$0 \$517,678	\$688,523 \$13,996 \$702,519	\$1,372,595 (\$111,505) \$1,261,090	(\$142,967) (\$142,967)	\$1,520,610 (\$78,250) \$1,442,360	\$0 \$78,250 \$78,250
8	Total Nursing Facility Days As Filed Days = 81,185 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days ≈ 83,030	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days Ln 7 / Ln 8 Col a	\$1,185 \$142.35	\$75.41	\$0.00	\$14.62	\$15.03	(with L&H)	\$1,201,050	83,030 \$3.03	\$17.77	\$0,96
10 11 12	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Net Per Diems after Case Mix Adjstmt to Routine Srvcs	from 4 qus of FY12 Ln 9 / Ln 10 RS = Ln 11, AllOthr = Ln 9		<u>1,6589</u> \$45.46 \$45.46	\$0.00	\$14.62	\$15.03		\$15.53	\$3.03	\$17.77	\$0.96
13 14	1	per Peer Group Limits Lesser of En 12 or En 13	\$103.43	\$71.51 \$45.46	\$0.00 \$0.00	\$18.41 \$14.62	\$23.09 \$15.03		\$20.56 \$15.53	\$0.00 \$3.03	N/A 8.80 (FRV)	\$0.96
15 16 17 18	Growth Allowance Percentage = 13.37% CMA Allowed Per Diem (After Growth Allowance Add-on) Quarterly Facility Case Mix Index for Medicaid Residents	Ln 14 x Grwth Allwnc % Ln 14 + Ln 15 per Current Qtr End Ln 16 x Ln 17	\$12.12 \$115.55	\$6.08 \$51.54 <u>1.5896</u> \$81.93	\$0.00 \$0.00	\$1.95 \$16.57	\$2.01 \$17.04	\$0.00 \$0.00	\$2.08 \$17.61	N/A \$3.03	N/A \$8.80	N/A \$0,96
19		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
20 21 22	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	(see Policy Manual) Ln 19 Col b x CPS Add-on Ln 19 Col b x Stfng Add-on	\$1.53 \$4.51 \$2.46	\$0.53 \$4.51 \$2.46	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
23 24	Nursing Home Provider Fee	(Fixed Amount) Sum of Lns 20 thru 23	\$17.10 \$25.60	\$7.50	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10 \$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + t.n 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 - l.n 23) * 0.75	\$115.83									

Provider. Prvdr ID:	Lake Crossing Heath Care 00403939A Case Mix Per Diem Rate Ef MDS & Nurse Hrs Data per Que		Add-on Data and Percentages Growth Allowance: Qtrly BIMS score Nurse Hours per On-Site Day/Quality Incentive:	Facility Score N/A 48.3% 3.08	Add-on Percent 13.37% 5.5% 3.0%	Case Mix Index (CMI) Data Base Period Overall CMI: Quarterly Medicaid CMI: Qrtrly Mcaid CMI w RUG Wght Options:	Facility <u>Specific</u> 1,2839 1,2980 1,3221	State- wide 1.3617 1.5138 1.5405
Line #	Description	A STORE SERVICE OF THE PROPERTY OF THE PROPERT	rices / Totals Routine Services	Special Services	Dietary	Operators and	G- GL-PL Property and surance Related	Taxes and Insurance

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
344			8	elega barriaga	С	d	е	f	g	and great	h h	jagarij, eset
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,362,617	\$1,898,036	\$0	\$505,765	\$238,011	\$392,873	\$484,806	\$136,164	\$706,962	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$43,092)	\$11,954	\$0	\$0	\$0	\$0	(\$42,257)		(\$45,745)	\$32,956
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,319,525	\$1,909,990	\$0	\$505,765	\$238,011	\$392,873	\$442,549	\$136,164	\$661,217	\$32,956
8	Total Nursing Facility Days As Filed Days = 33,667	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 Srvcs	Ln 7 / Ln 8 Col a	\$128.29	\$56.73	\$0.00	\$15.02	\$18.74	(with L&H)	\$13.14	\$4.04	\$19,64	\$0.98
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.2839</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$44.19								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$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
	Oscartorius Por Diom Pata Drianto Add one										(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$12.19	\$5,91	\$0.00	\$2.01	\$2.51	\$0.00	\$1.76	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$118.31	\$50.10	\$0.00	\$17.03	\$21.25	\$0.00	\$14.90	\$4.04	\$10.01	\$0.98
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$110.01	1.3221	\$0.00	\$11,00	\$21.20	\$0.00	914,50	\$4.04	\$10.01	\$0.90
18	Orlrly Routine Srvcs 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
	•				• • • • • • • • • • • • • • • • • • • •	•	4=11=			7,,5.	410.01	40.00
	Quarterly Per Diem Add-on Amounts											
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 Srvs)	Ln 19 Col b x CPS Add-on	\$3.64	\$3.64								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$158.71	\$72.40	\$0.00	\$17.25	\$21.66	\$0,00	\$32.37	\$4.04	\$10.01	\$0.98
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0,75	\$106.21		·							

Provider: Prydr ID:	Lakeland Villa Convalescent Center		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State- wide
PIVOLID,	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020 06/30/20	Growth Allowance: Qtrly BIMS score Nurse Hours per On-Site Day/Quality Incentive:	N/A 33,3% 5,86	13.37% 2.5% 2.0%	Base Period Overall CMI: Quarterly Medicaid CMI: Qrtrly Mcaid CMI w RUG Wght Options;	1.1323 1.2245 1.2429	1,3617 1,5138 1,5405
Line	22.00	So	ources / Totals Routine	Special	Dietary	Laundry & Plant Admin A&G-GL	-PL Property	Taxes

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dielary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
	ASE MIX BASED RATE CALCULATIONS			Perchasi b (perses)	C	d	e de la companya de l	19809 1	g	g	h	496304 ¹⁰ .05
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100,0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srycs 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	FY12 Audited C/R Days	21,442									
	Total Nursing Facility Days GL-PL, Ins. Rot As Filed Days = 21,646	FY 18 GL-PL Ins Rpt Days								21,646		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7/Ln 8 Cola	\$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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.42								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9	ļ	\$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 Strycs)	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
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$17.98	\$9.15	\$0.00	\$3,90	\$2.63	\$0.00	\$2.30	N/A	N/A	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	\$131.00	1.2429	\$0.50	\$00,000	\$22.20	\$0.00	\$13.54	34,40	334.00	\$0.20
18	Ortrly Routine Srycs 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
			******	******	1		422.00	40.00	\$10.0 1	411.15	431,33	••
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diern ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0,00	\$0.41	\$0.00	\$0.37		\$0,00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.41	\$2.41								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-อก	\$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									

			Facility	Add-on		Facility	State-
Provider: Legacy Nursing Home		Add-on Data and Percentages	Score	Percent	Case Mix Index (CMI) Data	<u>Specific</u>	wide
Prvdr ID: 00141831A		Growth Allowance:	N/A	13.37%	Base Period Overall CMI:	1.3485	1.3617
Case Mix Per Diem Rate Effective Date:	10/1/2020	Qtrly BIMS score	34.9%	2.5%	Quarterly Medicaid CMI:	1.3947	1.5138
MDS & Nurse Hrs Data per Quarter Ending:	06/30/20	Nurse Hours per On-Site Day/Quality Incentive:	2.51	3.0%	Ortrly Mcaid CMI w RUG Wght Options:	1.4176	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
			а	b	С	d	е	f	g	g	h	i
<u>C/</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group	, , ,		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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 Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$10,602,496	\$4,828,687	\$0	\$919,823	\$593,480	\$585,549	\$1,993,378	\$239,085	\$1,442,494	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$1,188,497)	(\$483,423)	\$0	(\$34,284)	(\$12,529)	\$39,316	(\$777,786)		(\$168,969)	\$249,178
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$9,413,999	\$4,345,264	\$0	\$885,539	\$580,951	\$624,865	\$1,215,592	\$239,085	\$1,273,525	\$249,178
8	Total Nursing Facility Days As Filed Days = 62,971	FY12 Audited C/R Days	62,958									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 63,434	FY 18 GL-PL Ins Rpt Days								63,434		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$149.51	\$69.02	\$0.00	\$14.07	\$19.15	(with L&H)	\$19.31	\$3.77	\$20.23	\$3.96
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3485								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$51.18								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$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	\$3.96
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	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	ψ104.00	1.4176	ψ0.00	ψ10.00	Ψ21.71	ψ0.00	Ψ21.00	ψ0.77	ψ0.00	φο.σο
18	Qrtrly Routine Srvcs 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
			V .00.00	********	*****	V.0.00	* =	******	V =1100	*****	*****	75.55
	Quarterly Per Diem Add-on Amounts											
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 Srvs)	Ln 19 Col b x CPS Add-on	\$2.06	\$2.06								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.47	\$2.47		1			4			
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	A.		00.55		***	\$17.10	40.5-	Ac	***
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	\$182.25	\$87.31	\$0.00	\$16.17	\$22.12	\$0.00	\$39.36	\$3.77	\$9.56	\$3.96

\$123.86

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

					Facility	Add-on					Facility	State-
Pr	ovider: Legacy Nursing Home		Add-on D	ata and Percentages	Score	Percent		Case Mix Index	(CMI) Data		Specific	wide
Pr	vdr ID: 00415522A		·	Growth Allowance:	N/A	13.37%		Base Per	iod Overall CMI:		1.2012	1.3617
	H/B ?: No Case Mix Per Diem Rate Effective Date:	10/01/20		BIMS:	47.4%	5.5%		Quarterl	ly Medicaid CMI:		1.3872	1.4961
	MDS & Nurse Hrs Data per Quarter Ending:	06/30/20 Nui	se Hours per On-Sit	e Day/Quality Incentive:	4.63	3.0%	Qrtrly M	caid CMI w RU0	G Wght Options:		1.4140	1.5223
	·		•	, ,			•		• .			
				Routine	Chasial		Laundry &	Plant	Admin	A&G- GL-PL	Property	Taxes
Line	Description	Sources /	Totals	Services	Special Services	Dietary	Houskpng	Operatns	and	Insurance	and	and
#	Description	Calculations		Services	Services		Houskprig	& Maint	General	insurance	Related	Insurance
			a	b	С	d	е	f	g		h	i
CAS	SE MIX BASED RATE CALCULATIONS											
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								\$ 35,074		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								10,058		
	Standard Per Diem (After CMA for Routine Srvcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$37.45	
	Allowed @ 95% of Std		\$165.06	\$67.93		\$17.49	\$21.94		\$19.53		\$37.45	\$0.72
	Growth Allowance 13.4%		\$16.97	\$9.08		\$2.34	\$2.93		\$2.61			
	CMA Allowed Per Diem (After Growth Alowance)		\$185.52	\$77.01		\$19.83	\$24.87		\$22.14	\$ 3.49	\$37.45	\$0.72
	Quarterly Facility Case Mix Index for Medicaid Residents			<u>1.4140</u>							(FRV Rate)	
	Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem			\$108.90								
	Quarterly Medicaid CMA Allowed Per Diem		\$217.40	\$108.90		\$19.83	\$24.87		\$22.14	\$3.49	\$37.45	\$0.72
	Quarterly Per Diem Add-On Amounts		, ,	,			, -		,	, , ,	, , ,	
	BIMS Add-on Per Diem = 5.5% to Routine Srvs)		\$5.99	\$5.99								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$3.27	\$3.27								
	Nursing Home Provider Fee		\$17.10	70.27					17.10			
	Total Quarterly Per Diem Add-On Amounts		\$26.36									
	Quarterly Case Mix Based Per Diem Rate		\$243.75	\$118.15		\$19.83	\$24.87		\$39.24	\$3.49	\$37.45	\$0.72
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$169.99		·			·		i i		·	<u> </u>
	· · · · · ·											

Provide Prvdr II	•	10/1/2020		owth Allowance: http://discore	35.0%	Add-on Percent 13,37% 2,5% 2,0%		Quarterly	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1,3504 1,5650 1,5930	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
11.16 44431			a 1000	b	C	d in a	diamine (color		g	g	aagraju asi h ja meligi	<u></u>
CASE	MIX BASED RATE CALCULATIONS											
1 Cos	t 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 Facililies All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 Pe	r Group Standards & Efficiency Measure Limits eer Group Standards: Percentile eer Group Standards: Multiplier ficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0,41		50.0% 105.0% \$0.37			
Base	e Period Per Diem Allowed Amounts											
	Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$3,014,201	\$1,482,885	\$0	\$281,416	\$161,523	\$251,626	\$429,919	\$57,286	\$349,546	\$0
1 1	dit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$12,330)	(\$570)	\$0	(\$1,815)	so	\$218	(\$12,206)	111,000	(\$31,510)	\$33,553
7 Co	ost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,001,871	\$1,482,315	\$0	\$279,601	\$161,523	\$251,844	\$417,713	\$57,286	\$318,036	\$33,553
8	Total Nursing Facility Days As Filed Days = 21,338	FY12 Audited C/R Days	21,338									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,292	FY 18 GL-PL Ins Rpt Days								21,292		
9 Ne	et Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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		<u>1.3504</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$51.45								
1 1	et Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$51.45	\$0,00	\$13.10	\$19.37		\$19.58	\$2.69	\$14.90	\$1.57
1 1	er Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23,09		\$20.56	\$0.00	N/A	
	ise Period Case Mix Adjusted Allowed Per Diem	Lesser of En 12 or En 13	\$122.48	\$51,45	\$0.00	\$13.10	\$19.37		\$19.58	\$2.69	14.72 (FRV)	\$1.57
	rterly Per Diem Rate Prior to Add-ons											
	owth 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
1	AA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15 per Current Oir End	\$136.32	\$58.33	\$0.00	\$14.85	\$21.96	\$0.00	\$22.20	\$2.69	\$14.72	\$1.57
	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		<u>1,5930</u> \$92,92								
1	uartedy Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$170.91	\$92.92 \$92.92	\$0.00	\$14.85	\$21.96	\$0.00	\$22.20	\$2.69	\$14.72	\$1,57
1 1	rterly Per Diem Add-on Amounts	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	ėn 44	*0.00	50.07		** **	
	ficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) MS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.53	\$0.53 \$2.32	ລຸນ,ປປ	\$0.22	\$0.41	\$0.00	\$0.37		\$0,00	
1 1	irse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$1.86	\$2.32								
	ursing Home Provider Fee	(Fixed Amount)	\$17,10	\$1.00		1			\$17.10			
	tal 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
	rterly 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 Quai	rterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0,75	\$132.47			I		L	<u> </u>	I		

Care Passe	Prov Prvd		10/1/2020	(Percentages owth Allowance: Otrly BIMS score Quality Incentive:		Add-on Percent 13.37% 1.0% 3.0%			d Overall CMI Medicaid CMI		Facility <u>Specific</u> 1.4103 1.3405 1.3594	State- wide 1.3617 1.5138 1.5405
CASE MIX BASED RATE CALCULATIONS		Description	la fill de la ferrancia de Caratina Como de la companio de Caratina de Caratina de Caratina de Caratina de Car		Services	Services		Houskong	Operatns & Maint	and General	Insurance	and Related	Taxes and Insurance
Type of Facility methor Group And Facilities And Fa	CAS	SE MIX BASED RATE CALCULATIONS			D	C	article design		Marie Lagran	g	g	je na projektiva je na projektiva je na projektiva je na projektiva je na projektiva je na projektiva je na pr	grise America
Peter Group Standards: Peterallite Gee Pelicy Manuary Gee Pelicy M	1 C	Type of Facility within Peer Group	(see Policy Manual)		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities		***************************************		
S As Filed Cost Center Costs (Reutine & Special Srives Combined) As Filed PY12 CR. FY 2018 GLPL Ret S8,665,028 S5,668,417 S0 S912,914 S442,087 S453,649 S128,955 S391,464	2	Peer Group Standards; Percentile Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	**************************************	105.0%	A CONTRACTOR AND A CONT		
6 Audit Adjustments and Realizocations to Cost Center Costs 7 Cost Center Costs After Audit Adjustments 8 FY12 Audited CR 8 S8,618,655 8 \$5,668,417 8 50 \$50,07,61 8 450,776 8 712 Audited CR 8 58,618,655 8 \$5,668,417 8 50 \$50,07,61 8 450,776 8 712 Audited CR 8 7 FY12 Audited CR 8 58,618,655 8 \$5,668,417 8 50 \$50,07,61 8 450,776 8 712 Audited CR 8 7 FY12 Audited CR 8 58,618,655 8 \$5,668,417 8 50 \$50,07,61 8 450,776 8 712 Audited CR 8 7 FY12 Aud													
Total Nursing Facility Days GL-PL Ins. Ript A sField Days = 43,750 FY12 Audited CR7 Bays 54,727 Total Nursing Facility Days GL-PL Ins. Ript A sField Days = 43,550 FY12 Audited CR7 Bays 54,727 Total Nursing Facility Days GL-PL Ins. Ript A sField Days = 43,550 FY13 GL-PL Ins. Ript A sField Days = 43,550 FY13 GL-PL Ins. Ript A sField Days = 43,550 Ins. Ript A sField Days = 43,550 Ins. Ript A sField Days = 43,550 Ins. Ript A sField Days = 43,550 Ins. Ript A sField Days = 43,550 Ins. Ript A sField Days = 43,550 Ins. Ript A sField Days = 43,550 Ins. Ript Ins. Ript Days Ins. Ript Ins. Ript Days Ins. Ript Ins. Ript Days Ins. Ript Ins. Ript Days Ins. Ript Ins. Ript Days Ins. Ript Ins. Ript Days Ins. Ript Ins. Ript Days Ins. Ript Ins. Ript Days Ins. Ript Ins. Ript Ins. Ript Days Ins. Ript Ins. Ript Ins. Ript Days Ins. Ript Ins. Ript Ins. Ript Days Ins. Ript Ins. Ript Ins. Ript Days Ins. Ript Ins. Ri		· · · · · · · · · · · · · · · · · · ·	•	1 ' '			\$912,914	\$442,087	\$453,649	\$1,267,542	\$128,955	\$391,494	\$0
8 Total Nursing Facility Days	_	·	•		1		1 1	1	1	1 ' '	1		\$69,424
Total Nursing Facility Days GL-PL Ins. Rpt		· ·		1	\$5,068,417	\$0	\$909,761	\$450,766	\$462,739	\$1,198,789	\$128,955	\$329,804	\$69,424
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	8		•	54,727									
10 Base Period Facility Case Mix Index for All Residents from 4 qus of FY12 La 14.103 S85.67 S0.00 S16.62 S16.69 S21.90 S2.96 S0.00 NA S16.62 S16.69 S21.90 S2.96 S0.00 NA S16.62 S16.69 S20.56 S0.00 NA S16.62 S16.69 S20.56 S0.00 NA S16.62 S16.69 S20.56 S0.00 NA S16.62 S16.69 S20.56 S0.00 NA S16.62 S16.69 S20.56 S0.00 NA S16.62 S16.69 S20.56 S0.00 NA S16.62 S16.69 S20.56 S0.00 NA S16.62 S16.69 S20.56 S0.00 NA S16.62 S16.69 S20.56 S0.00 NA S16.62 S16.69 S20.56 S0.00 NA S16.62 S16.69 S20.56 S0.00 NA S16.62 S16.69 S20.56 S0.00 NA S16.62 S16.69 S20.56 S0.00 NA S16.62 S16.69 S20.56 S0.00 NA S16.62 S16.69 S20.56 S0.00 NA S16.62 S16.69 S20.56 S0.00 NA S16.62 S16.69 S20.56 S0.00 NA S16.62 S16.69 S20.56 S2.96		- , -	· ·								1 '		
11 Routine Srvcs Case Mix Adjistd (CMA) Net Per Diem	-	· · · · · · · · · · · · · · · · · · ·		\$158.08		\$0,00	\$16.62	\$16.69	(with L&H)	\$21.90	\$2.96	\$6.03	\$1,27
12 Net Per Diems after Case Mix Adjistm to Routine Srvcs	1	· ———	•										
13 Per Diem Standards (After Statewide CMA for Routine Srvcs) Per Peer Group Limits S71.51 S0.00 S18.41 S23.09 S20.56 S0.00 NIA 14 Base Period Case Mix Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 S134.10 S65.67 S0.00 S16.62 S16.69 S20.56 S2.96 10.33 S16.70 15 Growth Allowance Percentage = 1.337% Ln 14 x Grwth Allwanc % S15.98 S8.78 S0.00 S2.22 S2.23 S0.00 S2.75 NIA NIA 15 Growth Allowance Percentage = 1.337% Ln 14 x Grwth Allwanc % S15.98 S8.78 S0.00 S2.22 S2.23 S0.00 S2.75 NIA NIA 16 CMA Allowed Per Diem (After Growth Allwance Add-on) Ln 14 + Ln 15 S150.08 S74.45 S0.00 S18.84 S18.92 S0.00 S23.31 S2.96 S10.33 S2.96 16 CMA Allowed Per Diem (Add-on) Ln 16 x Ln 17 S101.21 17 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 S176.84 S101.21 S0.00 S18.84 S18.92 S0.00 S23.31 S2.96 S10.33 S2.96 16 CMA Allowand Per Diem (Sind - Awd) x 75, up to max, or to) (see Policy Manual) S1.16 S0.53 S0.00 S0.22 S0.41 S0.00 S0.00 S0.00 S0.00 17 BIMS Add-on Per Diem = 1.0% (to Routine Srvcs) Ln 19 Celb x CPS Add-on S1.01 S1.01 S1.01 18 Mix S Staff in is / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) Ln 19 Celb x CPS Add-on S3.04 S3.04 S1.00 S1.710 S1.710 S1.710 S1.710 S1.710 S1.710 S1.710 S1.710 S1.710 S0.00 S1.710 S0.00 S1.710 S0.00 S1.710 S0.00 S1.710		- , ,				•••	****						
Base Period Case Mix Adjusted Allowed Per Diem	- 1	-	*				1 .				1	1	\$1.27
Counterly Per Diem Rate Prior to Add-ons CFRV	- 1		· ·	£40440		· ·	1				1		
15 Growth Allowance Percentage = 13.37%		·	Lessel di Lis 12 di Ln 13	\$134.10	\$65,67	\$0.00	\$16.62	\$16.69		\$20.56	\$2.96		\$1,27
16 CMA Allowed Per Diem (After Growth Altowance Add-on) 17 Quarterly Facility Case Mix Index for Medicaid Residents 18 Quarterly Routine Stross Case Mix Adjstd (CMA) Net Per Diem 19 Quarterly Medicaid CMA Allowed Per Diem 19 Quarterly Medicaid CMA Allowed Per Diem 19 Quarterly Per Diem Add-on Amounts 20 Efficiency Add-on Per Diem ((Stnd - Alwd) x.75, up to max, or 0) 21 BIMS Add-on Per Diem = 1.0% (to Routine Stros) 22 Unity Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Stros) 23 Nursing Home Provider Fee 24 Total Quarterly Per Diem Add-on Amounts 25 Quarterly Per Diem Add-on Amounts 26 Ln 19 Col b x Stfing Add-on 27 Strong Add-on 28 Strong Add-on Per Diem = 3.0% (to Routine Stros) 29 Ln 19 Col b x Stfing Add-on 29 Strong Add-on 20 Strong Add-on Per Diem = 3.0% (to Routine Stros) 20 Ln 19 Col b x Stfing Add-on 21 Strong Add-on 22 Strong Add-on Per Diem = 3.0% (to Routine Stros) 23 Nursing Home Provider Fee 24 Total Quarterly Per Diem Add-on Amounts 25 Quarterly Case Mix Based Per Diem Rate 26 Ln 19 + Ln 24 27 Strong Add-on 28 Strong Add-on Amounts 29 Strong Add-on Amounts 30 Strong Add-on 31 Strong Add-on 32 Strong Add-on 33 Strong Add-on 34 Strong Add-on 35 Strong Add-on 36 Strong Add-on 37 Strong Add-on 37 Strong Add-on 37 Strong Add		- 1	1 - 44 v Couth Albura 6	645.00		***							
17 Quarterly Facility Case Mix Index for Medicaid Residents per Current Qtr End 1.3594 S101.21		-		1					1	l .	I		N/A
18	1	· · · · · · · · · · · · · · · · · · ·		\$150,08		\$0.00	\$18.84	\$18,92	\$0.00	\$23.31	\$2.96	\$10,33	\$1.27
Quarterly Per Diem Add-on Amounts Continue Continu	1	· · · · · · · · · · · · · · · · · · ·	,										
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	-			\$176.84		\$0.00	\$18.84	\$18.92	\$0,00	\$23.31	\$2.96	\$10.33	\$1.27
BIMS Add-on Per Diem = 1.0% (to Routine Srvs) Ln 19 Col b x CPS Add-on \$1.01	Q	uarterly Per Diem Add-on Amounts											
22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Sives)	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	
23 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	En 19 Col b x CPS Add-on	\$1.01	\$1.01								
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 \$0.00	22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.04	\$3,04								
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 \$	23	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 Q	uarterly 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 8cd Hold and Leave Days (Ln 25 - Ln 23) * 0.75 \$136.54	26 Q	uarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$136.54							*		

State-

Facility

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

Facility

Add-on

F	rovider. Life Care Center of Lawrenceville	•	Add-on Data and	Percentages	Score	Percent	Ca	se Mix Index (CMI) Data		Specific	State- wide_
F	rvdr ID: 00818914A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020 06/30/20 Nurse Hours		owth Allowance; ktrly BIMS score luality Incentive:	25.7%	13.37% 1.0% 3.0%	Qrtrly Mcaio	Quarterly	d Overall CMI: Medicaid CMI: Wght Options:		1.5316 1.3285 1.3479	1.3617 1.5138 1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatos & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
3.00				b	С	d	е	of the	g	g	h	ard Cir i co.
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$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 Srvcs	Ln 7 / Ln 8 Col a	\$194,72	\$103,12	\$0.00	\$18.93	\$20.16	(with L&H)	\$31.86	\$3,21	\$14.53	\$2.81
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.5316</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9 / Ln 10		\$67.33								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$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
	Quarterly Per Diem Rate Prior to Add-ons										(1779)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$16.91	\$9,00	\$0,00	\$2.46	\$2.70	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diern (After Growth Allowance Add-on)	l.n 14 + l.n 15	\$167.11	\$76.33	\$0.00	\$20,87	\$22.86	\$0.00	\$23,31	\$3,21	\$17.72	\$2.81
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.3479</u>								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.89								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$193,67	\$102.89	\$0.00	\$20.87	\$22.86	\$0.00	\$23.31	\$3,21	\$17.72	\$2.81
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Stad - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0,94	\$0,53	\$0.00	\$0.00	\$0,41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	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 Srvcs)	Ln 19 Col b x Sting 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	Quarterly Case Mix Based Per Diem Rate	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	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$149.05			·				-		<u> </u>

Р	rovider. Life Care Center, Inc.		Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	se Mix Index ((CMI) Data		Facility Specific	State- wide
P	rvdr ID: 00140665A			owth Allowance:		13.37%			d Overall CMI:		1.3801	1.3617
	Case Mix Per Diem Rate Effective Date:			Itrly BIMS score		2.5%			Medicaid CMI;		1.3214	1,5138
	MDS & Nurse Hrs Data per Quarter Ending:	06/30/20 Nurse Hours p	er On-Site Day/C	(uality Incentive:	3.11	3.0%	Ortrly Moaid	i CMI w RUG '	Wght Options:		1.3428	1,5405
		of managery and the first and the	a dan aran aran aran aran	Routine	Special	Alexander and	Laundry &	Plant	Admin	A&G- GL-PL	Property	Taxes
Line	Description	Sources /	Totals	Services	Services	Dietary	Houskpag	Operatos	and	Insurance	and	and
#		Calculations		1999 hadderaddd	2016/04/2017 1990		<u>ria Pistagua milita Piritirit</u>	& Maint	General	HISMAINCE	Related	Insurance
CA	SE MIX BASED RATE CALCULATIONS		а	accessibates (%)	C	d	e e e e e e e e e e e e e e e e e e e	gu f xqayaa	g	g	use pue repu it di meningi.	i i
1	Cost Center Peer Groups	for Delica Hannell		1	1		1					
'	Type of Facility within Peer Group	(see Policy Manual)		Ali Facilities		2	•	1	1			
	Bed Size Range within Peer Group			All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits			All Deu Sizes	All Ded Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	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%	İ	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	(see Folicy Maiscal)		\$0.55	30.00	\$0.22	20.41		30,37			
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rot	\$4,179,568	\$1,853,074	so	\$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 Adistmts	(\$59,398)	\$1,000,014	so		\$0	\$0.0,011	(\$106,812)	404,515	(\$18,285)	\$65,699
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,120,170	\$1,853,074	so		\$291,252	\$313,011	\$573,652	\$34,919	\$546,084	\$65,699
8	Total Nursing Facility Days As Filed Days = 38,520	FY12 Audited C/R Days	38,520	*********	1		7,	***************************************	1,	,,,,,,,	40 10,00 1	400,000
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,869	FY 18 GL-PL Ins Rot Days	'					1		40.869		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.3801</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$34.86								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$34.86	\$0,00	\$11,49	\$15,69		\$14.89	\$0.85	\$14,18	\$1.71
13	Per Diem Standards (After Statewide CMA for Routine Stres)	per Peer Group Limits		\$71,51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$92.70	\$34,86	\$0.00	\$11.49	\$15.69		\$14.89	\$0,85	13,21	\$1.71
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	£ก 14 x Grwth Allwnc %	\$10,29	\$4,66	\$0.00	\$1.54	\$2.10	\$0.00	\$1.99	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$102.99	\$39,52	\$0.00	\$13.03	\$17.79	\$0.00	\$16.88	\$0.85	\$13.21	\$1.71
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3428								
18	Ortrly Routine Srvcs 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
	Quarterly Per Diem Add-on Amounts					1						
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 Srvs)	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 Srvcs)	Ln 19 Col b x Sting 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	Quarterly Case Mix Based Per Diem Rate	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	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									

State-

Facility

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

Facility

Add-on

I .	rovider: Lillian G. Carter Nursing Center out ID: 00142524A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020		owth Allowance: atrly BIMS score	52.6%	Percent 13.37% 5.5% 3.0%	•	Quarterly	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.3539 1.6740 1.7063	State- wide 1,3617 1,5138 1,5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dielary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
			a	and broom	C	d.	е	Servet Being	g	g	green arrott beginner.	
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 Ali Facilities Ali Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	AAAA-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-		
	Peer Group Standards & Efficiency Measure Limits											
2 3 4	Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100,0% \$0.41		50,0% 105.0% \$0,37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$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									
ĺ	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,869	FY 18 GL-PL Ins Rpt Days								33,869		İ
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$127.58	\$66.57	\$0.00	\$12,96	\$17.73	(with L&H)	\$15.80	\$2.83	\$10.88	\$0.81
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3539								İ
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.17								ĺ
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0,00	\$18.41	\$23,09		\$20.56	\$0,00	N/A	ł
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of En 12 or En 13	\$107,85	\$49.17	\$0,00	\$12.96	\$17.73		\$15.80	\$2.83	8,55	\$0.81
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwinc %	\$12.78	\$6.57	\$0.00	\$1.73	\$2.37	\$0.00	\$2.11	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$120,63	\$55.74	\$0,00	\$14,69	\$20.10	\$0.00	\$17.91	\$2.83	\$8.55	\$0,81
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7063						12.55	\$3.00	
18	Qriny Routine Srvcs 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
	Quarterly Per Diem Add-on Amounts											
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 Srvs)	Ln 19 Col b x CPS Add-on	\$5.23	\$5,23			73.11	1	55.07		45.00	l
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	En 19 Col b x Stfng Add-on	\$2.85	\$2.85								l
23	Nursing Hame Provider Fee	(Fixed Amount)	\$17.10						\$17.10			i
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 Quarterly Case Mix Based Per Diem Rate

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$186.71

\$127.21

\$103.72

\$0.00

\$14.91

\$20.51

\$35,38

\$2.83

\$0.00

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

\$8.55

\$0.81

1	Provider: Lumber City Nurs. & Rehab. Ctr. Prodr ID: 00270256A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020		owth Allowance: Qtdy BIMS score		Add-on Percent 13.37% 2.5% 3.0%		Quarterly l	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.7031 1.5440 1.5704	State- wide 1.3617 1.5138 1.5405
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	е	Strate (f. 1995)	g	g		[1444.1] [144.1]
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90,0% 100,0% \$0,53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Stycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,349,757	\$2,002,334	\$0	\$412,710	\$229,410	\$225,042	\$933,857	\$33,563	\$512,841	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$526,780)	(\$144,131)	\$0	(\$2,334)	(\$1,082)	\$2,190	(\$439,978)	, , , , ,	\$41,023	\$17.532
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,822,977	\$1,858,203	\$0	\$410,376	\$228,328	\$227,232	\$493,879	\$33,563	\$553,864	\$17,532
8	Total Nursing Facility Days As Filed Days = 27,563	FY12 Audited C/R Days	27,576				·				·	
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,722	FY 18 GL-PL Ins Rpt Days								25,722		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	£n 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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$39,56								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$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	\$0.64
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwinc %	\$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	\$11.44	\$44.85	\$0.00	\$1.99	\$2.21 \$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	VIII.44	1.5704	Ψ0,00	\$10,01	\$10.75	40.00	\$20.50	\$1.50	Ψ0,73	30.04
18	Qrtrly Routine Srvcs 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
							·					
20	Quarterly Per Diem Add-on Amounts	Anno Deline Manuell		*0.55	42			**			4 F	
20	Efficiency Add-on Per Diem ([Stnd - Ahwd] x .75, up to max, or 0) BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	(see Policy Manual) En 19 Col b x CPS Add-on	\$1.53	\$0.53	\$0.00	\$0.22	\$0,41	\$0,00	\$0.37		\$0.00	
21 22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvs)	Ln 19 Col b x Sting Add-on	\$1.76	\$1.76								
23	Nursing Home Provider Fee	(Fixed Amount)	\$2,11 \$17,10	\$2,11					\$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	\$17.10	\$0.00	\$0.00	\$0.00
—			1									
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

\$106.82

(Ln 25 - Ln 23) * 0.75

	rovider, Lynn Haven Health & Rehab rvdr ID: 00083036A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020		owth Allowance:	Facility Score N/A 47,8% 3,36	Add-on Percent 13.37% 5.5% 3.0%		Quarterly	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.3693 1.4823 1.5082	State- wide 1.3617 1.5138 1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
,::···			а	Barrier Britain	stage CARRE	्रा ं व ाल	::::::::::::::::::::::::::::::::::::::	f	g	g	description Company	-0,798; 1 .;
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37	***************************************		
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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									
	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 Srvcs	Ln 7 / Ln 8 Col a	\$158.74	\$88.59	\$0.00	\$15.98	\$19.68	(with L&H)	\$19.39	\$3.23	\$10.91	\$0.98
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.3693</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64,70								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlhr = 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 Stres)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$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
15	Quarterly Per Diem Rate Prior to Add-ons 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	\$2.03	\$0.00	\$21.98	\$3.23	\$12.04	\$0.98
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	1 3.5,.33	1.5082	40.00	¥10.12	V2225	\$0.00	921.30	\$5.25	Ψ12.04	20,30
18	Ortrly Routine Srvcs 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
	Quarterly Per Diem Add-on Amounts											
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 Says)	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 Srvcs)	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									

1	Provider: Madison HIth & Rehab Prodr ID: 00083278A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020		owth Allowance: Qtrly BIMS score	56.6%	Add-on <u>Percent</u> 13.37% 5.5% 3.0%		Quarterly	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1,3682 1,4727 1,5023	State- wide 1.3617 1.5138 1.5405
Line #		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	ASS MIV PASSED BATE CALCULATIONS		a	etter beginne	С	de de de de	e	2000 (100 f 200 f	g in in	g	h	ipreg i gja
-	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90,0% 100,0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,436,321	\$1,769,663	\$0	\$456,420	\$312,704	\$341,246	\$421,894	\$87,484	\$46,910	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$88,940)	(\$3,196)	\$0	\$0	(\$5,071)	(\$2,731)	(\$74,382)		(\$42,623)	\$39,063
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,347,381	\$1,766,467	\$0	\$456,420	\$307,633	\$338,515	\$347,512	\$87,484	\$4,287	\$39,063
8	Total Nursing Facility Days As Filed Days = 24,271	FY12 Audited C/R Days	24,271									
	Total Nursing Facility Days GL-PL Ins, Rpt As Filed Days = 25,267	FY 18 GL-PL Ins Rpt Days								25,267		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53,20								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Stros)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	,	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
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14.57	\$7,11	\$0.00	\$2,46	\$3.09	\$0.00	\$1.91	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$138.42	\$60,31	\$0.00	\$2,40	\$3.09	\$0.00	\$1.91	\$3.46	S9.76	\$1.61
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	Ç.00.42	1.5023	\$0.00	\$20.01	\$2,5,10	\$0.00	\$10.23	\$5.40	43.70	\$1,01
18	Ortrly Routine Srvcs 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
	Quarterly Per Diem Add-on Amounts											
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 = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$4.98	\$4.98								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting 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
			4			 	 		i			

25 Quarterly Case Mix Based Per Diem Rate

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$194.41

\$132.98

\$98.83

\$0.00

\$20.87

\$26.18

\$0.00

\$33.70

\$3,46

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

\$9.76

\$1.61

1	ovider: Magnolia Manor Columbus East	_	Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 13,37%	Cas	se Mix Index (CMI) Data d Overall CMI:		Facility Specific 1,5222	State- wide 1.3617
	Case Mix Per Diem Rate Effective Date; MDS & Nurse Hrs Data per Quarter Ending;	10/1/2020 06/30/20 Nurse Hours	oper On-Site Day/O	ltrly BIMS score luality Incentive:		1,0% 3,0%	Ortrly Moaid		Medicaid CMI: Wght Options:		1.7374 1.7722	1,5138 1,5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
494			а	See Abgelie	C. C.	o d	: e : :	f	g	g	h h	Principal Colors
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentite Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105,0% \$0,37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Realiocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$159,775)	(\$5,717)	\$0	\$0	\$2,553	\$0	(\$152,247)		(\$27,328)	\$22,964
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,285,856	\$4,205,003	\$0	\$923,674	\$457,890	\$590,787	\$1,210,855	\$159,986	\$714,697	\$22,964
8	Total Nursing Facility Days As Filed Days = 52,157	FY12 Audited C/R Days	52,157									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 47,971	FY 18 GL-PL Ins Rpt Days								47,971		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.96					İ			
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$52.96	\$0.00	\$17.71	\$20.11		\$23.22	\$3,34	\$13.70	\$0.44
13	Per Diern Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0,00	\$18.41	\$23,09		\$20.56	\$0,00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem Quarterly Per Diem Rate Prior to Add-ons	Lesser of Ln 12 or Ln 13	\$124.84	\$52.96	\$0.00	\$17,71	\$20.11		\$20,56	\$3.34	9.72 (FRV)	\$0.44
15	Growth Allowance Percentage = 13,37%	Ln 14 x Grwth Allwnc %	\$14.89	\$7.08	\$0.00	\$2.37	\$2.69	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$139.73	\$60.04	\$0.00	\$20.08	\$22.80	\$0.00	\$23,31	\$3,34	\$9.72	\$0,44
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7722	•		4		120.01	40.51	\$5.72	40. 44
18	Ortrly Routine Srvcs 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
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0,53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	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 Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.19	\$3.19								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10		1	
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									

1	wider: Magnolia Manor Columbus West		Add-on Data and		Facility Score	Add-on Percent	Cas	se Mîx Index ((Facility Specific	State- wide
FIV	Case Mix Per Diem Rate Effective Date MDS & Nurse Hrs Data per Quarter Ending			owth Allowance; httly BIMS score Quality Incentive;		13.37% 5.5% 2.0%	Ortrly Moaid	Quarterly	d Overall CMI: Medicaid CMI: Wght Options:		1,3234 1,5838 1,6149	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
			. (-) (-) (-) (-) (-) (-) (-) (-) (-) (-)	(100 to b (100)	С	d	javaji ja e samon	2.5545 f 20055	g	g	ggeraafia h filologaatig	79-101/14 1 -149-11
<u>CA</u>	SE MIX BASED RATE CALCULATIONS											
1 (Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rb	\$6,258,109	\$3,172,069	20	ATOC 155		A COR 7770				
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adistmts	(\$75,758)	\$3,172,069	\$0 \$0	\$736,455 \$0	\$305,859	\$560,778	\$768,365	\$126,895	\$587,688	\$0
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,182,351	\$3,172,069	\$0 \$0	\$736,455	\$10,846 \$316,705	\$19,885 \$580,663	(\$127,327) \$641,038	\$126,895	(\$12,052) \$575,636	\$32,890 \$32,890
8	Total Nursing Facility Days As Filed Days = 45,728	FY12 Audited C/R Days	45,728	\$0,112,000	Ų.	\$7,00,400	\$510,703	\$500,000	3041,030	\$120,093	900,010	\$32,090
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 43,833	FY 18 GL-PL Ins Rpt Days	10,120							43,833		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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		,,,,,,	*****	,		12.55	V 12.700	40.72
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$52.42								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0,00	\$18.41	\$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
0	Quarterly Per Diem Rate Prior to Add-ons										(17.10)	
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		<u>1.6149</u>								
18 19	Qrtdy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	En 16 x En 17 RS = Ln 18, AllOlhr = Ln 16	\$166.42	\$95.97 \$95.97	\$0.00	\$18.26	\$22.24	\$0,00	\$15.89	\$2.89	640.45	60.70
	•	7.0 - 01 10,70000 - EN 10	\$100.42	16,050	30.00	\$10.20	\$22.24	\$0.00	\$15.69	\$2.69	\$10,45	\$0.72
1	Quarterly Per Diem Add-on Amounts											
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 Srvs)		\$5.28	\$5.28								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs) Nursing Home Provider Fee	Ln 19 Col & x Sting Add-on (Fixed Amount)	\$1,92 \$17,10	\$1.92					6.7			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.10 \$25.83	\$7.73	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10 \$17.47	50.00	EC 00	ED 22
	Quarterly Case Mix Based Per Diem Rate	Ln 19+Ln 24	\$192.25	\$103.70	\$0.00	\$18,48	\$22.65	\$0.00	\$33.36	\$0.00 \$2.89	\$0.00 \$10.45	\$0.00 \$0.72
	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - £n 23) * 0.75		Q 103.1U	40,00	\$10.46	311.00	\$0.00	200.06	\$2.69	\$10.45	\$0.72
20 6	tuanterly mer Diem Kate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$131.36									

- 1	Provider: Prvdr ID:	Magnolia Manor Ma 00141809A	arion County Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020		owth Allowance; htrly BIMS score	37.5%	Add-on Percent 13.37% 2.5% 3.0%		Quarterly	CMI) Data d Overall CMI; Medicaid CMI; Wght Options;		Facility <u>Specific</u> 1,2265 1,6233 1,6559	State- wide 1.3617 1.5138 1.5405
Lin		Description		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	CASE MI	IX BASED RATE CALC	CIU ATIONS		:	(totalet bisses)	Properties	୍ଟେଲ୍କ ପିଲ୍ବନ୍ତ		Augerfgarië.	gg	g	<u> </u>	Alagains
1	1	enter Peer Groups	JOLATIONO	(see Policy Manual)		1	7	2	1	1	1			
	7	Type of Facility within Peer Group Bed Size Range within Peer Group		,,		All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
2		roup Standards & Efficiency Group Standards; Percentile	Measure Limits	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 4	Peer C	Group Standards; Multiplier ency Measure Maximums (see	e line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
	Base Pe	eriod Per Diem Allowed Amo	ounts											
5	As File	ed Cost Center Costs (Routin	e & Special Srvcs 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 A	Adjustments and Reallocations	s to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$2,647)	\$0	\$0	\$0	\$0	(\$174)	(\$51,087)		\$39,676	\$8,938
7	Cost C	Center Costs After Audit Adjus	stments	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	Tota	al Nursing Facility Days	As Filed Days = 21,445	FY12 Audited C/R Days	21,445									
	Tota	al Nursing Facility Days GL-PL	L Ins. Rpt As Filed Days = 21,966	FY 18 GL-PL Ins Rpt Days								21,966		
9	Net Pe	er Diems prior to Case Mix Adj	ijstmt to Routine Srvcs	£n 7/En 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		se Period Facility Case Mix Ind	dex for All Residents	from 4 qtrs of FY12		<u>1.2265</u>								
11	Rou	utine Srvcs Case Mix Adjstd (C	CMA) Net Per Diem	Ln 9 / Ln 10		\$51,59								
12		er Diems after Case Mix Adjstr	mt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$51.59	\$0,00	\$14.85	\$24.41		\$16,08	\$2.49	\$4.58	\$0.42
13		iem Standards (After Statewide (CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$23,09		\$20.56	\$0.00	N/A	
14	Base f	Period Case Mix Adjusted Allo	owed 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
	Quarter	ly Per Diem Rate Prior to Ad	dd-ons										(FRV)	
15	Growti	h Allowance Percentage =	<u>13.37%</u>	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		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	1	arterly Facility Case Mix Index		per Current Qtr End		<u>1.6559</u>								
18	1	dy Routine Srvcs Case Mix Ad	• • •	Ln 16 x Ln 17		\$96.85								
19	Quarte	erly Medicaid CMA Allowed Pe	er 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
	Quarter	ly Per Diem Add-on Amount	ts											
20	Efficier	ncy 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	1	Add-on Per Diem =	2.5% (to Routine Srvs)	En 19 Col b x CPS Add-on	\$2,42	\$2.42								
22	1	•	r Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.91	\$2,91								
23		g Home Provider Fee		(Fixed Amount)	\$17.10						\$17.10			
24	Total C	Quarterly Per Diem Add-on An	nounts	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	Quarteri	ly Case Mix Based Per Diem	ı 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	Quarteri	ly Per Diem Rate for Bed Ho	old and Leave Days	(Ln 25 - Ln 23) * 0.75	\$148.35									

Provider: Magnolia Manor St. Simons	Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State- wide
Prvdr ID: 00141402A Case Mix Per Diem Rate Effective Date MDS & Nurse Hrs Data per Quarter Ending	Growth Allowance: Qlrty BIMS score Nurse Hours per On-Site Day/Quality Incentive:	N/A 53,0% 3,66	13,37% 5,5% 3,0%	Base Period Overall CMI: Quarterfy Medicaid CMI: Qrtrly Meaid CMI w RUG Wght Options:	1.2961 1.6752 1.7085	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	С	d	illerinin e manag	an E T Sing	g	g	h	
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90,0% 100,0% \$0,00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
_	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$91,675)	\$0	\$0	\$0	\$0	\$0	(\$95,911)	1	(\$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 Srvcs	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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 9 / En 10		\$59.25								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$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
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14.83	\$7.92	\$0.00	\$2.12	\$2.14	\$0.00	\$2.65	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Լո 14 + Լո 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		<u>1.7085</u>								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.76								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOlhr = Ln 16	\$188.85	\$114.76	\$0.00	\$17.96	\$18.13	\$0.00	\$22.48	\$2.67	\$9.22	\$3,63
	Quarterly Per Diem Add-on Amounts											
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 Srvs)	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 Sives)	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	Quarterly Case Mix Based Per Diem Rate	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	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$150.10		1	1		l	J			<u> </u>

1	ovider: Magnolia Manor Methodist Nursing Care vdr ID: 00040785A	_	Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 13.37%	Cas	se Mix Index (C	CMI) Data d Overali CMI:		Facility Specific 1,3316	State- wide 1,3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020 06/30/20 Nurse Hours	•	trty BIMS score	52.8%	5.5% 3.0%	Ortrly Meale	Quarterly	Medicaid CMI: Wght Options:		1.6950 1.7286	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
			а	b	С	d	e	99099 1 09098	e e e e e	g	h h	2500. T 450
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90,0% 100,0% \$0,53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85,0% 100,0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$9,064,693	\$5,146,324	so	\$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)	\$105,104	(\$105,784)	\$37,113
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,817,377	\$5,139,323	\$0	\$992,512	\$721,208	\$562,358	\$1,029,255	\$189,134	\$146,474	\$37,113
8	Total Nursing Facility Days As Filed Days = 69,699	FY12 Audited C/R Days	69,699				,				•	,,
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 63,134	FY 18 GL-PL Ins Rpt Days								63,134		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.38								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Strycs)	per Peer Group Limits		\$71.51	\$0,00	\$18,41	\$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
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$13.73	\$7.40	\$0.00	\$1.90	\$2.46	\$0.00	\$1.97	N/A	N/A	N/A
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		<u>1.7286</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108,52								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlhr = Ln 16	\$184.56	\$108.52	\$0.00	\$16,14	\$20,88	\$0.00	\$16.74	\$3.00	\$18.75	\$0,53
	Quarterly Per Diem Add-on Amounts											
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 Srvs)	Ln 19 Col b x CPS Add-on	\$5,97	\$5.97								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng 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	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$195,32	\$118.28	\$0.00	\$16.36	\$21,29	\$0.00	\$17.11	\$3.00	\$18.75	\$0.53
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$146.49		•	·				·····		

1	Provider. Manor Care Rehab Ctr of Marietta Prvdr ID: 00236211A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020		owth Allowance: Otrly BIMS score	5.4%	Add-on Percent 13,37% 0,0% 1,0%		Quarterly	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.6382 1.0652 1.0765	State- wide 1.3617 1.5138 1.5405
Line		Sources / Calculations	Totats	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
-			a	Assessed to the second	С	d	e	19949 f 19949	g	g	positive per historia, per	gististiger, a
2	CASE MIX BASED RATE CALCULATIONS							į				
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 3 4	Peer Group Standards: Mulliplier	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	\$80,668	\$4,387	\$0	(\$1,184)	\$0	(\$14,347)	(\$110,201)		\$138,912	\$63,101
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,423,158	\$4,379,478	\$0	\$775,818	\$297,088	\$330,276	\$1,163,658	\$614,329	\$799,410	\$63,101
8	Total Nursing Facility Days As Filed Days = 40,191	FY12 Audited C/R Days	40,191			·					• • • • • • • • • • • • • • • • • • • •	
	Total Nursing Facility Days GLPL Ins. Rpt As Filed Days = 39,639	FY 18 GL-PL ins Rpt Days								39,639		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7/Ln 8 Col a	\$209.79	\$108.97	\$0.00	\$19.30	\$15.61	(with L&H)	\$28,95	\$15.50	\$19.89	\$1.57
10	Base Period Facility Case Mix Index for All Residents	from 4 gtrs of FY12		<u>1.6382</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$66.52								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$150.02	\$66.52	\$0,00	\$18.41	\$15.61		\$20,56	\$15.50	11.85	\$1.57
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	· -	Ln 14 x Grwth Allwnc %	\$16.19	\$8.89	\$0,00	\$2.46	\$2.09	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$166.21	\$75.41	\$0.00	\$20,87	\$17.70	\$0.00	\$23.31	\$15,50	\$11.85	\$1.57
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.0765</u>								
18	Ortrly Routine Srvcs 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 16	\$171.98	\$81.18	\$0.00	\$20.87	\$17.70	\$0.00	\$23.31	\$15,50	\$11.85	\$1.57
	Quarterly Per Diem Add-on Amounts											
20		(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0,00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0,00	\$0.00				,				
22	Nurse Staff Hrs / Quality Add-on Per Diem = 1.0% (to Routine Srvcs)	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 + l.n 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			l			1	I		

1	ovider: Manor Care Rehab Ctr of Decatur vdr ID: 00159266A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020		owth Allowance; htrly BIMS score	28.6%	Add-on Percent 13.37% 1.0% 0.0%			d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.6688 1.2206 1.2386	State- wide 1,3617 1,5138 1,5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	Б	С	45 (6 d 1) - (1	0		g	g	ong garjara h ista magajar	papak r a-ar
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90,0% 100,0% \$0,00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpi	\$8,625,627	\$4,465,528	so.	\$840,596	\$382,254	\$390,308	\$1,730,610	\$162,679	\$653,652	so
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adistmts	(\$296,438)	(\$3,847)	\$0	\$731	\$302,234	(\$6,945)	(\$410,728)	\$102,019	\$55,652 \$54,437	\$69,914
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,329,189	\$4,461,681	50	\$841,327	\$382,254	\$383,363	\$1,319,882	\$162,679	\$708,089	\$69,914
8	Total Nursing Facility Days As Filed Days = 45,284	FY12 Audited C/R Days	45,284	, ,			•,		.,	1	0,00,000	400,011
	Total Nursing Facility Days GL-PL, Ins. Rpt As Filed Days = 41,247	FY 18 GL-PL Ins Rpt Days								41,247		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$59.04								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AilOihr ≑ 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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$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	\$1.54
, 1	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwric %	\$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 Medicald Residents	per Current Qtr End		1.2386			2					,
18	Ortrly Routine Srvcs 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
	Quarterly Per Diem Add-on Amounts											
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 = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.83	\$0.83	72.30		Ų, ,	75,50	12.20		40.50	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Srvcs)	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		I	11						

	Provider: Maple Ridge Health Care Center Prodr ID: 00534619A			owth Allowance;		Add-on Percent 13.37%	Cas	se Mix Index (CMI) Data d Overall CMI:		Facility Specific 1.2349	State- wide 1.3617
	Case Mix Per Diem Rale Effective Date; MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020 06/30/20 Nurse Hours	oper On-Site Day/C	Itrly BIMS score luality Incentive;		2.5% 3.0%	Ortrly Mcaid		Medicaid CMI; Wght Options:		1.7026 1.7343	1.5138 1.5405
Line		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	er-eag b reiten	C	d	::::::::::::::::::::::::::::::::::::::	a from f oregon	g	g	loogia, oo h h aalii aabo	Japan Tanga
2	CASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0,22	100.0% \$0.41		105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Sives 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	FY12 Audited C/R Days	25,532									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,703	FY 18 GL-PL Ins Rpt Days								25,703		
9		£n 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		from 4 qtrs of FY12		<u>1.2349</u>								
11	, , ,	Ln 9 / Ln 10		\$61.67								
12		RS = Ln 11, AllOthr = Ln 9		\$61,67	\$0.00	\$19.12	\$20,76		\$22.18	\$3.15	\$6,95	\$1.67
13	,	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$23.09		\$20,56	\$0,00	N/A	
14	,	Lesser of En 12 or En 13	\$140.30	\$61.67	\$0.00	\$18.41	\$20,76		\$20.56	\$3,15	14,08 (FRV)	\$1.67
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13.37%	En 14 x Grwth Allwnc %	\$16.24	\$8,25	\$0.00	\$2.46	\$2.78	\$0.00	\$2.75		*16*	
16	· · · · · · · · · · · · · · · · · · ·	Ln 14 + Ln 15	\$16.24	\$69.92	\$0.00	\$2.46	\$2.78 \$23.54	\$0.00	\$2.75	N/A \$3,15	N/A \$14.08	N/A \$1.67
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$130.54	1.7343	\$5,66	\$20.67	\$23.54	\$0.00	\$23,31	\$3,13	\$14.08	\$1.07
18		Ln 16 x Ln 17		\$121.26								
19	, , , , , , , , , , , , , , , , , , , ,	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
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Atwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0,53	\$0,00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.03	\$3.03								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting 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	Լո 19 + Լո 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									

1	rovider: McRae Manor Nursing Home	page 1991	Add-on Data and		Facility Score	Add-on Percent	Cas	se Mix Index ((Facility Specific	State- wide
F	Prvdr ID: 00141853A Case Mix Per Diern Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020 06/30/20 Nurse Hours p		owth Allowance: httly BIMS score huality Incentive;		13,37% 2.5% 3.0%	Qrtrly Mcaid	Quarterly	d Overall CMI: Medicaid CMI: Wght Options:		1,1896 1,4042 1,4303	1.3617 1.5138 1.5405
Line	Description	Sources <i>I</i> Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b .	Control Control	d	e	George Barry	g	g	especial h a elegan	agrif T avas
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Siza Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	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 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,454,848	\$3,010,284	\$0	\$743,007	\$470,789	\$341,250	\$631,741	\$208,660	\$49,117	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$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									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,423	FY 18 GL-PL Ins Rpt Days Ln 7 / Ln 8 Col a	\$117.94		\$0.00	040.00	447.00			40,423	****	
10	Net Per Diems prior to Case Mix Adjstmt to Rouline Srvcs Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	\$117.94	\$66.02 1.1896	\$0.00	\$16,33	\$17.85	(with L&H)	\$11.50	\$5.16	\$0.37	\$0.71
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.50								
12	Net Per Diems after Case Mix Adistmt to Routine Srycs	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 Stycs)	per Peer Group Limits		\$33.50 \$71.51	\$0.00	\$10.33	\$17.65		\$20.56	\$0.00	\$0.57 N/A	\$0.71
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$115.95	\$55.50	\$0.00	\$16,33	\$23.05 \$17.85		\$11.50	\$5.16	8,90	\$0.71
			0170.00	4.0	\$0.00	\$10.00	\$11,55		417.00	\$0.10	(FRV)	40.71
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwing %	\$13,53	\$7.42	\$0.00	\$2.18	\$2.39	\$0,00	\$1.54	N/A	N/A	N/A
16 17	CMA Allowed Per Dierri (After Growth Allowance Add-on)	Ln 14 + Ln 15 per Current Qtr End	\$129.48	\$62,92	\$0,00	\$18.51	\$20.24	\$0.00	\$13.04	\$5.16	\$8.90	\$0.71
18	Quarterly Facility Case Mix Index for Medicaid Residents	Ln 16 x Ln 17		1.4303 \$89.99								
19	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem 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
	·			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*				7.0.0	40.110	\$5.55	40
	Quarterly Per Diem Add-on Amounts											
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 Srvs)	Ln 19 Col b x CPS Add-on	\$2.25	\$2.25								
22 23	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Sives)	Ln 19 Col b x Sting Add-on (Fixed Amount)	\$2.70 \$17.10	\$2.70					647.40			
24	Nursing Home Provider Fee Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.10	\$5.48	\$0.00	\$0,22	\$0.41	\$0.00	\$17.10 \$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			\$0.00				
25	Quanterly Case Mix Daseu Fer Dieni Nate	ui 13 + Ul 24	\$180.13	\$35.47	\$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 + l.n 23) * 0.75	\$122.27									

1	wider. Meadowbrook Healthcare dr ID: 00141864A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:			owth Allowance; Utrly BIMS score	65.0%	Add-on Percent 13.37% 5.5% 2.0%	-		f Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1,5049 1,9493 1,9870	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	402.50 b 402.50	ija e casaja	tinin decimal	1947, 197 0 (1945)		g	g	h h	- i
CA	SE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0,37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$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 Adjstmts	(\$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 Srvcs	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		<u>1.5049</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.07								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23,09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of En 12 or En 13	\$116,84	\$47.07	\$0.00	\$14.01	\$18.48		\$20.15	\$0.96	14.07 (FRV)	\$2.10
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13.37%	En 14 x Grwth Allwnc %	\$13.32	\$6.29	\$0.00	\$1.87	\$2.47	\$0.00	\$2,69	N/A	\$1/A	LI/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$130.16	\$53,36	\$0.00	\$1.07	\$20.95	\$0.00	\$22.84	\$0.96	N/A \$14.07	N/A \$2.10
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	V100;10	1.9870	ψ0.00	\$10.00	\$20,55	\$0.00	\$22.04	\$0.30	\$14,01	\$4.10
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.03								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$182.83	\$106.03	\$0.00	\$15.88	\$20.95	\$0.00	\$22.84	\$0.96	\$14,07	\$2,10
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1,47	\$0.53	\$0,00	\$0.22	\$0.41	\$0.00	\$0.31		\$0,00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Coi b x CPS Add-on	\$5.83	\$5.83			*					
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting 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 + l,n 23) * 0.75	\$144.19					*				

Provider: Meadow Park H&R		A		Facility	Add-on Percent		A Nº 1 1	(014) 6 1	•	Facility	State-
1		Add-on L	Data and Percentages	Score		•	Case Mix Index			Specific	wide
Prvdr ID: 003167911A	40104100		Growth Allowance;	N/A	13.37%			iod Overall CMI:		Use Stwd	1.3617
H/B ?: No Case Mix Per Diem Rate Effective Date;	10/01/20		BIMS:	28.3%	1.0%			ly Medicaid CMI:		1.7352	1.5138
MDS & Nurse Hrs Data per Quarter Ending:	06/30/20 Nu	rse Hours per On-Si	te Day/Quality Incentive:	4.06	2.0%	Qrtrly M	caid CMI w RU	G Wght Options:		1.7677	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
		Alama esa sa sa sa sa sa sa sa sa sa sa sa sa s	b	C	d	e	<u> </u>	lg	gintinen, etc.	h	<u> </u>
CASE MIX BASED RATE CALCULATIONS Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits			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			To provide the second s
Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons			90.0% 100.0% \$0.53	90.0% 100.0% \$0,00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37	الويد ا		
GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs)	FY2018 GL-PL ins, Rpt FY2018 GL-PL ins, Rpt FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56	\$ 71,803 26,195	èan ra	60.74
Allowed @ 95% of Std	r i 2012 i ees Groop Calla	\$164.21	\$67.93		\$17.49	\$21.94		\$19.53		\$30.58 \$30.58	
Growth Allowance 13.4% CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem		\$16.97 \$183.92	\$9.08 \$77.01 <u>1.7677</u> \$136.13		\$2.34 \$19.83	\$2.93 \$24.87		\$2.61 \$22.14	\$ 2.74	\$30.58 (FRV Rate)	\$6.74
Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts		\$243.04	\$136.13		\$19.83	\$24.87		\$22.14	\$2.74	\$30.58	\$6.74
BIMS Add-on Per Diem = 1.0% to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% Nursing Home Provider Fee		\$1.36 \$2.72 \$17.10	\$1.36 \$2.72					17,10			
Total Quarterly Per Diem Add-On Amounts		\$21.18									
Quarterly Case Mix Based Per Diem Rate		\$264.22	\$140.22		\$19.83	\$24.87		\$39.24	\$2.74	\$30.58	\$6.74
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$185,34					,=		, , ,	,	*	

Provider: Medical Management H & R	Ac	d-on Data and F		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Prvdr ID: 00141941A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/01/20 06/30/20 Nurse Hours per	Qtr	vth Allowance; ly BIMS score ality Incentive:	33.3%	13,37% 2.5% 3.0%	Qrlrly Mcaid	Quarterly	d Overall CMI: Medicaid CMI: Wght Options:		1.4091 1.4557 1.4833	1.3699 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
		nga para sayan	48,89 b 1	С	d :::::X	proceedings.	riik, sa t opoly	, g	g.:::::	1965 (1861 h	. e ' i
CASE MIX BASED RATE CALCULATIONS											
1 Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90,0% 100.0% \$0.22	85.0% 100.0% \$0,41		50.0% 105.0% \$0.37			
	(,,,			Q	40.22	50,77		00.07			
Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs Combined) Audit Adjustments and Reallocations to Cost Center Costs	As Filed FY13 C/R FY13 C/R Audit Adjstmts	\$2,955,724 (\$14,060)	\$1,485,097 \$0	\$0 \$0	\$336,529 \$0	\$201,461 \$0	\$220,442 \$0	\$438,213 (\$14,060)	\$18,189	\$255,793 (\$53,045)	\$0 \$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	\$53,04
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 Srvcs	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		<u>1.4091</u>							-	
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$33.63								
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs 13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	RS = Ln 11, AllOthr = Ln 9 per Peer Group Limits		\$33.63	\$0,00	\$10.74	\$13.46		\$13.53	\$0.59	\$6.47	\$1,6
13 Per Diem Standards (After Statewide CMA for Routine Srvcs) 14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$91.74	\$73.90 \$33.63	\$0.00 \$0.00	\$19.14 \$10.74	\$23.27		\$23.46	\$0,00	N/A	24.0
Dase Fettos Case Mix Adjusted Allowed Fet Dietit	Lesse: 0; Lil 12 0i Lil 13	\$81.24	\$33.03	\$0.00	\$10.74	\$13.46		\$13,53	\$0.59	7.60 (FRV)	\$1.6
Quarterly Per Diem Rate Prior to Add-ons										, ,	
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 18 Qrtrly Routine Srycs Case Mix Adistd (CMA) Net Per Diem	per Current Qtr End		1.4833								
18 Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem 19 Quarterly Medicaid CMA Allowed Per Diem	Ln 16 x Ln 17 RS ≃ Ln 18, AlïOthr = Ln 16	\$109,22	\$56.56 \$56.56	\$0.00	\$12.18	545.00	20.00	245.04		27.00	***
15 Quantity Medicald CMA Allowed Per Dieta	No - all to, Allottili - all to	\$109.22	\$50.56	\$0.00	\$12.18	\$15.26	\$0.00	\$15.34	\$0.59	\$7.60	\$1.69
Quarterly Per Diem Add-on Amounts											
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 Srvs)	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 Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.70	\$1.70								
23 Nursing Home Provider Fee 24 Total Quarterly Per Diem Add-on Amounts	(Fixed Amount) Sum of Lns 20 thru 23	\$17.10	•••	** **				\$17.10			
		\$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									

Quarterly Per Diem Rate for Bed Hold and Leave Days

(Ln 27 - Ln 23) * 0.75

Pr	ovider: Miller Nursing Home		Add-on D	ata and Percentages	Facility Score	Add-on Percent		Case Mix Index			Facility Specific	State- wide
Pr	vdr ID: 00141996A			Growth Allowance:	N/A	13.37%		Base Per	iod Overall CMI:		1.5198	1.3617
	H/B ?: Yes Case Mix Per Diem Rate Effective Date:	10/01/20		BIMS:	50.8%	5.5%		Quarterl	y Medicaid CMI:		2.1445	1.5138
	MDS & Nurse Hrs Data per Quarter Ending:	06/30/20 Nurs	e Hours per On-Sit	e Day/Quality Incentive:	5.77	2.0%	Qrtrly M	caid CMI w RU0	3 Wght Options:		2.1856	1.5405
					ı	1	ı	DI	A 1	ı	D	T
Line		Sources /		Routine	Special	5	Laundry &	Plant	Admin	A&G- GL-PL	Property	Taxes
Line	Description		Totals	Services	Services	Dietary	Houskpng	Operatns	and	Insurance	and	and
#	·	Calculations		L		-		& Maint	General		Related	Insurance
CA	SE MIX BASED RATE CALCULATIONS		a	b	С	d	е	Γ	g		h	
CA	Cost Center Peer Groups per Selected Options		I	1 1	1 1	2	1 1	1 1	1 1	I	I	1 1
	Type of Facility within Peer Group			All Facilities	All Facilities	Hosp Based	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits			All Ded Sizes	All Ded Sizes	All Ded Sizes	All Ded Sizes	All Ded Sizes	All Ded Sizes			
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Fercentile 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			φυ.53	φυ.υυ	φυ.22	φυ.41		φυ.37			
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								\$ 38,601		
- -		FY2018 GL-PL Ins. Rpt								18.105		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY 2012 Peer Group Limit		\$71.51		\$29.15	600.00		\$20.56	18,105	CO4 44	\$0.29
	Standard Per Diem (After CMA for Routine Srvcs)	FY 2012 Peer Group Limit	£450.00	\$71.51 \$67.93			\$23.09				\$21.44	
	Allowed @ 95% of Std Growth Allowance 13.4%		\$158.82			\$27.69	\$21.94		\$19.53		\$21.44	\$0.29
			\$18.33	\$9.08		\$3.70	\$2.93		\$2.61		004.44	00.00
	CMA Allowed Per Diem (After Growth Alowance)		\$179.88	\$77.01		\$31.39	\$24.87		\$22.14	\$ 2.73	\$21.44	\$0.29
	Quarterly Facility Case Mix Index for Medicaid Residents			2.1856							(FRV Rate)	
	Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem			\$168.32								
	Quarterly Medicaid CMA Allowed Per Diem		\$271.18	\$168.32		\$31.39	\$24.87		\$22.14	\$2.73	\$21.44	\$0.29
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 5.5% to Routine Srvs)		\$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			
	Total Quarterly Per Diem Add-On Amounts		\$29.72									
	Quarterly Case Mix Based Per Diem Rate		\$300.91	\$180.94		\$31.39	\$24.87		\$39.24	\$2.73	\$21.44	\$0.29
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$212.86										

Provider: Miona Geriatric & Dementia Ctr Prvdr ID: 00141578A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020		owth Allowance: htrly BIMS score	59.5%	Add-on <u>Percent</u> 13.37% 5.5% 3.0%			d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.1439 1.7649 1.7976	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	in Company	c	d	5000 0 000 0000	19130 f 19130	g	g	garaj y h sa segari	5.511.9 1 5.650
CASE MIX BASED RATE CALCULATIONS									j j		
1 Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0,41		50.0% 105.0% \$0.37			
Base Period Per Diem Allowed Amounts											
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL R	s \$3,300,389	\$1,675,226	\$0	\$445,058	\$203,315	\$228,714	\$516,016	\$49,041	\$183,019	so
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$53,458)	so	\$0	\$0	\$5,374	\$6,051	(\$65,940)	1 1	(\$25,858)	\$26,915
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,246,931	\$1,675,226	\$0	\$445,058	\$208,689	\$234,765	\$450,076	\$49,041	\$157,161	\$26,915
8 Total Nursing Facility Days As Filed Days = 30,869	FY12 Audited C/R Days	30,869									
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,012	FY 18 GL-PL Ins Rpt Days								30,012		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	l.n 7 / l.n 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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.44								
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Strycs)	per Peer Group Limits		\$71.51	\$0,00	\$18.41	\$23.09		\$20.56	\$0,00	N/A	
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$103,20	\$47.44	\$0.00	\$14.42	\$14.37		\$14.58	\$1.63	9,89 (FRV)	\$0.87
Quarterly Per Diem Rate Prior to Add-ons										, , ,	
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		<u>1.7976</u>								
18 Ortrly Routine Srvcs 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
Quarterly Per Diem Add-on Amounts											
20 Efficiency Add-on Per Diem ([Stnd - Alwo] x .75, up to max, or 0)	(see 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 Srvs)	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 Srvcs)	Ln 19 Col b x Sting 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									

Provider: Mitchell Convalescent Center Prvdr ID: 00142018A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020		owth Allowance: Itrly BIMS score	Facility Score N/A 37.1% 4.42	Add-on Percent 13.37% 2.5% 3.0%			d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.3464 1.3495 1.3697	State- wide 1,3617 1,5138 1,5405
Line # Description	Sources / Calculations	Totals	Rauline Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		а	b	30.0 c (33)	essiód (des	e	89659 1 50099	g	g	(#####################################	anlagin
CASE MIX BASED RATE CALCULATIONS											
Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105,0% \$0,37			
Base Period Per Diem Allowed Amounts											
5 As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$4,719)	\$0	\$0	\$0	\$0	\$0	(\$4,719)	1	(\$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 Srvcs	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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 9/Ln 10		\$55.24								
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AlfOthr = 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 Stvcs)	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	\$0.32
Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
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 Ortrly Routine Srvcs 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
Quarterly Per Diem Add-on Amounts											
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0,00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21 BIMS Add-on Per Diem ≈ 2.5% (to Routine Srvs)	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 Saves)	Ln 19 Col b x Sting 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					1		1		L

1	rovider: Montezuma Health & Rehab rvdr ID: 00142062A			owth Allowance:		Add-on Percent 13,37%	Cas		Overall CMI:		Facility Specific 1.2929	State- wide 1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:		c per On-Site Day/C	othy BIMS score Suality Incentive:		5,5% 2,0%	Ortrly Meale	Quarterly i CMI w RUG I	Medicaid CMI: Wght Options:		1.5886 1.6164	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
			а	b	C	d d	e	ing in the same	g	19.1 a g 2.111	n e e	gjaw l . se e
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85,0% 100.0% \$0.41		50.0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Sives 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 Adjstmts	(\$19,731)	\$35,731	\$0	(\$36,294)	\$0	\$0	(\$16,878)	1	(\$36,079)	\$33,789
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,296,932	\$2,169,154	\$0	\$367,578	\$180,072	\$291,062	\$514,762	\$96,280	\$644,235	\$33,789
8	Total Nursing Facility Days As Filed Days = 27,011	FY12 Audited C/R Days	27,011									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,343	FY 18 GL-PL Ins Rpt Days								29,343		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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		<u>1.2929</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.12								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Strucs)	per Peer Group Limits		\$71,51	\$0.00	\$18.41	\$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
	Quarterly Per Diem Rate Prior to Add-ons										(LVA)	
15	Growth Allowance Percentage = 13.37%	En 14 x Grwih Allwinc %	\$15,01	\$8.31	\$0.00	\$1.82	\$2.33	\$0.00	\$2.55	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.19	\$70,43	\$0.00	\$15.43	\$19.77	\$0,00	\$21.61	\$3.28	\$9,42	\$1.25
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.6164</u>								
18	Ortrly Routine Srvcs 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
	Quarterly Per Diem Add-on Amounts											
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 Srvs)	Ln 19 Col b x CPS Add-on	\$6.26	\$6.26								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.28	\$2,28								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.17	\$9.07	\$0.00	\$0.22	\$0,41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$211.77	\$122.91	\$0.00	\$15,65	\$20.18	\$0.00	\$39.08	\$3.28	\$9.42	\$1.25
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$146.00									

Provider: Mountain View Health and Rehab Center Prvdr ID: 00143184A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020		owth Allowance; htrly BIMS score	27.4%	Add-on Percent 13.37% 1.0% 2.0%			d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1,4052 1,4134 1,4363	State- wide 1.3617 1.5138 1.5405
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskping	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		a	b	C	d	:::::::e :::::::::::::::::::::::::::::		g	:: g :	destili h ye egg	
CASE MIX BASED RATE CALCULATIONS											
Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Base Period Per Diem Allowed Amounts											
5 As Filed Cost Center Costs (Routine & Special Srvcs 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 Srvcs	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		<u>1.4052</u>								
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$41.32								
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23,09		\$20.56	\$0,00	N/A	
14 Base Period Case Mix Adjusted Allowed Per Diem Quarterly Per Diem Rate Prior to Add-ons	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
15 Growth Allowance Percentage = 13,37%	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		1.4363	*****	41 1, 1, 2, 2, 3	\$10.02	\$0.00	411.10	40,00	41.01	40.70
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$67.28								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AilOthr = Ln 16	\$126,86	\$67.28	\$0.00	\$14.22	\$19.32	\$0.00	\$17.48	\$0.59	\$7.51	\$0.46
Quarterly Per Diem Add-on Amounts											
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 Srvs)	Ln 19 Col b x CPS Add-on	\$0.67	\$0.67								
22 Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	En 19 Col b x Sting 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 Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$147.51	\$69.83	\$0.00	\$14.44	\$19.73	\$0.00	\$34.95	\$0.59	\$7.51	\$0.46
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$97.81			•						

	rovider. Muscogee Manor & Rehab Center rvdr ID: 00083223A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020	_	owth Allowance: Otrly BIMS score	43.7%	Add-on Percent 13.37% 2.5% 3.0%		Quarterly	CMI) Data d Overall CMI; Medicaid CMI; Wght Options;		Facility <u>Specific</u> 1.2862 1.5443 1.5723	State- wide 1.3517 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
12.00			а	States by section	C	d	1000 to e en 1990	1000 f 1000	g	g	h	Program Linguige
2	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85,0% 100,0% \$0,41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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	\$CD7.04.4	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adistmts	(\$437,974)	\$0,501,617	\$0 \$0	\$1,411,500	\$555,090 (\$122)	\$8,555	(\$450.916)	\$149,821	\$697,814 (\$9,418)	\$0 \$13,927
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$11,156,239	\$5,561,817	\$0 \$0	\$1,411,906	\$554,968	\$663,872		\$149,821	\$688,396	\$13,927 \$13,927
8	Total Nursing Facility Days As Filed Days = 43,099	FY12 Audited C/R Days	43,099	45,553,533	-	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4551,000	4000,072	42,111,002	\$140,021	4000,000	\$10,321
	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 Srvcs	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 ctrs of FY12		1.2862				,,			, , , , , ,	45.52
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$100.34								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srycs)	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
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage 13.37%	Ln 14 x Grwth Allwac %	\$19,30	\$9,56	***		***	*0.55				
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + En 15	\$19.30	\$9.56 \$81.07	\$0.00 \$0.00	\$3.90 \$33.05	\$3.09 \$26.18	\$0.00 \$0.00	\$2.75 \$23.31	N/A \$3.13	N/A	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$100.02	1.5723	\$0.00	\$33,00	\$20.18	\$0.00	\$23,31	\$3.13	\$18,76	\$0,32
18	Qrtrly Routine Srvcs 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
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0,00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	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 Srvcs)	Ln 19 Col b x Sting 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	Quarterly Case Mix Based Per Diem Rate	En 19 + En 24	\$256.33	\$134.48	\$0.00	\$33.05	\$26.18	\$0.00	\$40.41	\$3.13	\$18.76	\$0.32
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0,75	\$179.42									

P	rovider. Nancy Hart Nursing Center		Add-on Data and	Percentages	Facility Score	Add-on Percent	C-04	se Mix Index (CMI) Data		Facility Specific	State- wide
	rvdr ID: 00141336A			owth Allowance:		13.37%	Ca:					
	Case Mix Per Diem Rate Effective Date:	10/1/2020		owtri Allowance: atriv BIMS score		13.37%			d Overall CMI:		1.2652	1.3617
	MDS & Nurse Hrs Data per Quarter Ending:		er On-Site Day/0			2.5% 3.0%	Ordefyr Manerie		Medicaid CMI: Waht Options:		1.0829	1.5138
	mood trains the both per quarter Entirity,	GO/GO/20 Holise Flours p	er On-one Dayro	daily incentive.	3.03	3,0%	Citity Mcaid	I CWI W ROG	wygra Options:	i	1.1002	1.5405
Line		Sources /		Routine	Special		Laundry &	Plant	Admin	A&G- GL-PL	Property	Taxes
#	Description	Sources / Calculations	Totals	Services	Services	Dietary	Houskpng	Operatns	and	Insurance	and	and
. .		Calculations	120 140 150 150 150 150 150 150 150 150 150 15	<u>atina a neranesia.</u>	erioni, esteciá		A SAME STORES AND THE	& Maint	General	Atta-partial-section	Related	Insurance
~	SE MIX BASED RATE CALCULATIONS	Language and the second of the control of the contr		• ; b • •	. C.:		e ,,	seede factore	9	g	<u>· h </u>	Printed India
1	Cost Center Peer Groups											
,	1	(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 Peer Group Standards & Efficiency Measure Limits			All Bed Sizes	All Bed Sizes	All Bed Sizes	Ali Bed Sizes	All Bed Sizes	All Bed Sizes			
2	Peer Group Standards: Percentile											
3	1	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual) Base Period Per Diem Allowed Amounts	(see Policy Manual)		\$0,53	\$0.00	\$0.22	\$0.41		\$0.37			
5	As Filed Cost Center Costs (Routine & Special Sives 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	s
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)	1	(\$34,638)	\$29,58
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	\$29,58
8	Total Nursing Facility Days As Filed Days = 22,951	FY12 Audited C/R Days	22,951									
_	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,642	FY 18 GL-PL Ins Rpt Days								18,642		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$115.24	\$55,57	\$0.00	\$14.74	\$16,49	(with L&H)	\$17.99	\$3.09	\$6,07	\$1.29
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.2652</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$43.92								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$43.92	\$0.00	\$14.74	\$16,49		\$17.99	\$3.09	\$6.07	\$1.29
13	Per Diem Standards (After Statewide CMA for Routine Srycs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23,09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$104.66	\$43.92	\$0.00	\$14.74	\$16,49		\$17.99	\$3.09	7.14	\$1.29
45	Quarterly Per Diem Rate Prior to Add-ons										(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		<u>1.1002</u>								
18	Ortriy Routine Srvcs 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
	Quarterly Per Diem Add-on Amounts											
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 Srvs)	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 Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.64	\$1.64								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10	1		
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	Quarterly Case Mix Based Per Diem Rate	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	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$94.98									
27	Minimum Quarterly Case Mix Based Per Diem Rate	Contract Services	\$147.00							ı		

28 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$97.43

(Ln 27 - Ln 23) * 0,75

Prov Prvd		ie		Add-on Data and		Facility Score	Add-on Percent	Cas	se Mix Index ((•	Facility Specific	State- wide
PfVo	· · · · · · · · · · · · · · · · · · ·	Case Mix Per Diem Rate Effective Date; & Nurse Hrs Data per Quarter Ending:	10/1/2020 06/30/20 Nurse Hours	•	owth Allowance: Othy BIMS score Quality Incentive:	22.1%	13.37% 1.0% 2.0%	Ortrly Meale		d Overall CMI: Medicaid CMI: Wght Options:		1.2251 1.1469 1.1617	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
				а		С	d	e	0000 × f 1920 €	g	g	Signatura h (1. 1974)	ili i e ili e
CAS	SE MIX BASED RATE CALCULAT	<u>rions</u>											
1 C	iost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group		(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	eer Group Standards & Efficiency Measu Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20		(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85,0% 100,0% \$0,41		50,0% 105,0% \$0,37	***************************************		
В	ase Period Per Diem Allowed Amounts										7		
5	As Filed Cost Center Costs (Routine & Spec	cial Srvcs 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 Cos	st Center Costs	FY12 C/R Audit Adjstmts	(\$69,118)	\$2,078	\$0	\$0	(\$10,806)	(\$14,256)	(\$36,110)		(\$15,554)	\$5,53
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	\$5,53
8	Total Nursing Facility Days	As Filed Days = 44,490	FY12 Audited C/R Days	44,490									
	Total Nursing Facility Days GL-Pt, Ins, R	pt As Filed Days = 41,758	FY 18 GL-PL Ins Rpt Days								41,758		
1	Net Per Diems prior to Case Mix Adjstmt to	Routine Srvcs	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 A	All Residents	from 4 qtrs of FY12		<u>1.2251</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) No	et Per Diem	En 9/En 10		\$87.47								
1	Net Per Diems after Case Mix Adjstmt to Ro	outine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$87.47	\$0.00	\$20.41	\$26.27		\$24.38	\$1,50	\$10.38	\$0.13
	Per Diern Standards (After Statewide CMA for	Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$29,15	\$23.09		\$20,56	\$0.00	N/A	
	Base Period Case Mix Adjusted Allowed Pe uarterly Per Diem Rate Prior to Add-ons	r 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
	Growth Allowance Percentage =	13.37%	Ln 14 x Grwth Allwnc %	\$18.13	\$9,56	\$0.00	\$2.73	\$3.09	\$0.00	\$2.75	N/A		N/A
1	CMA Allowed Per Diem (After Growth Allowan		Ln 14 + Ln 15	\$167.86	\$81.07	\$0.00	\$2.73	\$26.18	\$0.00 \$0.00	\$2.75	\$1.50	N/A \$12.54	\$0.1
17	Quarterly Facility Case Mix Index for Med		per Current Qtr End	1.3.,00	1.1617	75.00	42.0,14	\$25.10	\$0,00	920.01	\$1.50	\$12,54	30.12
18	Ortrly Routine Srvcs Case Mix Adjstd (CM	MA) 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
Q	uarterly Per Diem Add-on Amounts												
1	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	
- 1	BIMS Add-on Per Diem =	1.0% (to Routine Srvs)	Ln 19 Coi b x CPS Add-on	\$0.94	\$0.94							13.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem =	= <u>2.0%</u> (to Routine Srvcs)	Ln 19 Col b x Strng 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 Q	uarterly 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 Q	uarterly Per Diem Rate for Bed Hold and	Leave Days	(Ln 25 - Ln 23) * 0.75	\$138.01			l						

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

1	rovider: New Horizons Lanier Park		Add-on Data and		Facility Score	Add-on Percent	Ca	se Mix Index ((Facility Specific	State- wide
P	rvdr ID: 00141072A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020 06/30/20 Nurse Hours		owth Allowance: Dirty BIMS score Quality Incentive:	31.2%	13.37% 2,5% 2,0%	Qrtrly Mcaid		d Overall CMI: Medicaid CMI; Wght Options;		1.2324 1.2596 1.2759	1.3617 1.5138 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
1			a	b b	С	d	e	2000 (1960)	g	g	1850-176 h 1767	\$30 A
<u>c</u>	ASE MIX BASED RATE CALCULATIONS						and the same of th					
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37	**************************************		
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$7,482,558	\$4,304,810	\$0	\$879,776	\$480,354	\$453,983	\$994,956	\$58,787	\$309,892	so
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$26,200)	(\$2,378)	\$0	\$0.5,110	\$478	\$8,078	(\$32,683)	\$30,761	(\$3,620)	\$3,925
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,456,358	\$4,302,432	\$0	\$879,776	\$480,832	\$462,061	\$962,273	\$58,787	\$306,272	\$3,925
8	Total Nursing Facility Days As Filed Days = 41,343	FY12 Audited C/R Days	41,343	, ,			,		,			,
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days ≈ 40,693	FY 18 GL-PL Ins Rpt Days								40,693		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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		1.2324								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$84.44								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlhr = 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 Srvcs)	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
_	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	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 Qtr End		<u>1.2759</u>								
18 19	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	Ln 16 x Ln 17 RS = Ln 18, AllOthr = Ln 16	\$199.03	\$103.44 \$103.44	\$0,00	\$24.13	\$25.86	\$0.00	\$23.31	\$1.44	\$20.76	\$0.09
	Quarterly Per Diem Add-on Amounts								***************************************			
20	Efficiency Add-on Per Diem ([Stnd - Atwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.43	\$0.00	\$0.00	\$0.22	\$0.21	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2,59	\$2.59	40.00	10.22	Ψυ.21	\$0.00	\$0.00		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting 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			•			1			

i i	rovider: New London Health Center rvdr ID: 00494139A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/01/20 06/30/20 Vurse Hours	-	th Allowance: ly BIMS score	47.1%	Add-on Percent 13.37% 5.5% 2.0%		Quarterly	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.4991 1.7177 1.7481	State- wide 1.3699 1,5138 1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskong	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			Street a territoria	:015-/ b	the Control	d	е	ing a f refe	9	g	h	i
2	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90,0% 100.0% \$0,53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0,37			
	Base Period Per Diem Allowed Amounts					***************************************						
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 As Filed Days = 48,462	FY13 Audited C/R Days	48,462									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 48,366	FY 18 GL-PL Ins Rpt Day:	s							48,366		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$176,91	\$68.82	\$0.00	\$15.24	\$15.01	(with L&H)	\$25.05	\$3.83	\$47.46	\$1,50
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		<u>1.4991</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$45.91							ļ	
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9)	\$45.91	\$0.00	\$15.24	\$15.01		\$25.05	\$3.83	\$47.46	\$1.50
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$73.90	\$0,00	\$19.14	\$23.27		\$23.46	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$117.39	\$45.91	\$0,00	\$15.24	\$15.01		\$23.46	\$3.83	12.44 (FRV)	\$1.50
	Quarterly Per Diem Rate Prior to Add-ons										(,	
15	Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Allwnc %	\$13.33	\$6.14	\$0.00	\$2.04	\$2.01	\$0.00	\$3.14	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	En 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		<u>1.7481</u>								
18	Ortrly Routine Srvcs 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	6 \$169.66	\$90,99	\$0.00	\$17.28	\$17.02	\$0.00	\$26.60	\$3.83	\$12.44	\$1.50
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Le 19 Col b x CPS Add-on	\$5.00	\$5,00							THE STATE OF THE S	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Stycs)	Ln 19 Col b x Stfng Add-or	\$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	Ľn 19 + Lя 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									

1	rrovider: Newnan Hosp. Health & Rehab Ctr rvdr ID: 00040719A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020		owth Allowance: httly BIMS score	Facility Score N/A 29.1% 3.73	Add-on Percent 13.37% 1.0% 2.0%	-	Quarterly	CMI) Data d Overall CMI; Medicaid CMI; Wght Options;		Facility <u>Specific</u> 1.2207 1.5636 1,5924	State- wide 1.3617 1.5138 1.5405
Line	Description.	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatris & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	ь	c	d	e	- Company (1995)	9	g	ħ	in I
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facililies All Bed Sizes	1 All Facilities All Bed Sizes			***************************************
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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	so
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$44,788)	(\$11,234)	\$0	\$0	\$0	\$0	(\$33,554)		(\$46,486)	\$46,486
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,823,539	\$4,192,050	\$0	\$810,018	\$553,544	\$354,117	\$897,520	\$99,483	\$870,321	\$46,486
8	Total Nursing Facility Days As Filed Days = 50,264	FY12 Audited C/R Days	50,264									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,359	FY 18 GL-PL Ins Rpt Days								31,359		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 Srvcs Case Mix Adjstd (CMA) Net Per Diern	Ln 9 / Ln 10		\$68.32								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlhr = 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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$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	\$15.12	\$18.06		\$17.86	\$3.17	12.59	\$0.92
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwinc %	\$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	i i	1.5924								·
18	Ortrly Routine Srvcs 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
	Quarterly Per Diem Add-on Amounts											
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 Srvs)	Ln 19 Col b x CPS Add-on	\$1.23	\$1.23	40.00		40.41	\$0.50	40.07		40.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	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	\$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			J I		1	1	l		!

1	vider: National Health Care of Rossville dr ID: 00083146A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020		owth Allowance: Nrly BIMS score	Facility Score N/A 36.9% 3.54	Add-on Percent 13.37% 2.5% 3,0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.3032 1.1770 1.1949	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	egi (a b	c	d	e e	iyang t ikang	g	g	in a harman	elleralises
CA	SE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 Ali Facilities Ali Bed Sizes	1 All Facilities All Bed Sizes	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 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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	so
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$219,774)	(\$4,032)	\$0	\$3,835	\$0	\$1,561	(\$221,138)	1 .	(\$36,195)	\$36,195
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,768,531	\$2,934,252	\$0	\$544,745	\$289,823	\$284,854	\$742,813	\$148,675	\$787,174	\$36,195
8	Total Nursing Facility Days As Filed Days = 35,819	FY12 Audited C/R Days	35,819									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,316	FY 18 GL-PL Ins Rpt Days								32,316		
9	Net Per Diems prior to Case Mix Adjstrnt to Routine Srvcs	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.3032</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$62.86								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = 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 Stres)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$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
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$15.32	\$8.40	\$0.00	\$2.03	\$2.14	\$0.00	\$2,75	N/A	4164	100
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$144.87	\$71.26	\$0.00	\$2.03	\$2.14 \$18.18	\$0.00	\$2.75	\$4,60	N/A \$9.27	N/A \$1.01
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qir End	\$144.07	1.1949	\$0.00	\$11.24	\$10.10	\$0.00	\$23,31	\$4,00	\$9.21	\$1.01
18	Qrirly Routine Srvcs Case Mix Adjistd (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
	Quarterly Per Diem Add-on Amounts											
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 = 2.5% (to Routine Srvs)	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 Srvcs)	Ln 19 Col b x Sting 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 Lins 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									

			Facility	Add-on		Facility	State-
Provider: NHC of Fort Oglethorpe		Add-on Data and Percentages	Score	Percent	Case Mix Index (CMI) Data	<u>Specific</u>	wide
Prvdr ID: 00344759A		Growth Allowance:	N/A	13.37%	Base Period Overall CMI:	1.4032	1.3617
Case Mix Per Diem Rate	Effective Date: 10/1/2020	Qtrly BIMS score	23.5%	1.0%	Quarterly Medicaid CMI:	1.2789	1.5138
MDS & Nurse Hrs Data per C	Quarter Ending: 06/30/20	Nurse Hours per On-Site Day/Quality Incentive:	1.54	2.0%	Qrtrly Mcaid CMI w RUG Wght Options:	1.2986	1.5405

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng e	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	D	С	ū	е		g	g	h	
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group	(3.33 3.3)		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											
3	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (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 Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,978,191	\$3,446,206	\$0	\$710,988	\$379,954	\$432,374	. , ,	\$205,015	\$336,156	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$380,131)	(\$5,079)	\$0	\$10,065	(\$160)	(\$7,154)	(\$377,661)		\$2,726	(\$2,868)
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,598,060	\$3,441,127	\$0	\$721,053	\$379,794	\$425,220	\$1,089,837	\$205,015	\$338,882	(\$2,868)
8	Total Nursing Facility Days As Filed Days = 43,776	FY12 Audited C/R Days	43,776									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 44,860	FY 18 GL-PL Ins Rpt Days								44,860		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$150.61	\$78.61	\$0.00	\$16.47	\$18.39	(with L&H)	\$24.90	\$4.57	\$7.74	(\$0.07)
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4032								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.02								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$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)
	Quarterly Per Diem Rate Prior to Add-ons										(rnv)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14.90	\$7.49	\$0.00	\$2.20	\$2.46	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.75	\$63.51	\$0.00	\$18.67	\$20.85	\$0.00	\$23.31	\$4.57	\$11.91	(\$0.07)
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2986								
18	Ortrly Routine Srvcs 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)
	Overstands Day Diagraph Add and Assessments											
20	Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.82	\$0.53	φυ.00	φυ.22	φυ.41	φυ.00	φυ.00		φυ.υυ	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvs)	Ln 19 Col b x Stfng Add-on	\$1.65	\$1.65								
23	Nursing Home Provider Fee Nursing Home Provider Fee	(Fixed Amount)	\$17.10	φ1.05					\$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
	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$182.44	\$85.47	\$0.00	\$18.89	\$21.26	\$0.00	\$40.41	\$4.57	\$11.91	(\$0.07)
25	Qualitarity Case with Daseu Fel Dielli Rate	LII 10 T LII 24	φ102.44	ф00.47	φυ.00	\$10.89	\$∠1.20	φυ.υυ	φ40.4 I	Ф4. 37	\$11.91	(\$0.07)
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$124.01									

Provider:	Northeast Atlanta H & R Ctr.		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State- wide
Prvdr ID:	00426214A Case Mix Per Diem Rate Effective Date:	10/1/2020	Growth Allowance; Qtrly BIMS score	N/A 39,0%	13.37% 2.5%	Base Period Overall CMI: Quarterly Medicaid CMI:	1,4802 1,7477	1.3617 1.5138
	MDS & Nurse Hrs Data per Quarter Ending:	06/30/20	Nurse Hours per On-Site Day/Quality Incentive:	3,94	3.0%	Orthy Moaid CMI w RUG Wight Options:	1,7795	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
			а	b	С	:::: d :::::::::::::::::::::::::::::::	8	Allender fragger	gering seed	g	[[]]][]][]][]][happing][]	grafian i nteres
<u> </u>	ASE MIX BASED RATE CALCULATIONS							į				
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 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90,0% 100.0% \$0,00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$10,237,012	\$4,454,255	\$0	\$908,056	\$453,799	\$518,995	\$1,877,635	\$400,810	\$1,623,462	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$312,135)	(\$10,196)	\$0	\$0	\$0	\$0	(\$301,939)		(\$113,774)	\$113,774
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$9,924,877	\$4,444,059	\$0	\$908,056	\$453,799	\$518,995	\$1,575,696	\$400,810	\$1,509,688	\$113,774
8	Total Nursing Facility Days As Fited Days = 52,637	FY12 Audited C/R Days	52,637									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 44,643	FY 18 GL-PL Ins Rpt Days								44,643		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Coi 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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.04								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$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	\$2.16
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwinc %	\$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 Medicald Residents	per Current Otr End		1.7795								
18	Ortrly Routine Srvcs 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
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1,16	\$0,53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.88	\$2,88								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting 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
			!						1			1

Facility Add-on Facility State-Provider: Northridge HIth & Rehab Ctr Add-on Data and Percentages Score Percent Case Mix Index (CMI) Data Specific __wide__ 00059331A Prvdr ID: Growth Allowance: N/A 13,37% Base Period Overall CMI: 1.3456 1,3617 Case Mix Per Diem Rate Effective Date: 10/1/2020 Qtrly BIMS score 27.8% 1,0% Quarterly Medicaid CMI: 1.3950 1,5138 MDS & Nurse Hrs Data per Quarter Ending: 06/30/20 Nurse Hours per On-Site Day/Quality Incentive: 3.68 3,0% Ortrly Moaid CMI w RUG Wight Options: 1.4165 1,5405

Line #	Description	Sources I Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	e	25 10 10 10 10 10 10 10 10 10 10 10 10 10	Artir g array	g	general (h . e-e-este)	
<u> </u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Stycs 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 Realiocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$759,019)	\$792,763	\$0	\$0	\$1,456	(\$29,226)	(\$1,556,120)		\$32,108	\$0
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,454,069	\$4,830,252	\$0	\$966,434	\$430,900	\$680,568	\$979,649	\$170,418	\$395,848	\$0
8	Total Nursing Facility Days As Filed Days = 56,193	FY12 Audited C/R Days	56,193									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 56,103	FY 18 GL-PL Ins Rpt Days							:	56,103		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.88		}						
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	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	\$0.00
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwing %	\$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 Qlr End	\$117.10	1.4165	\$5,55	0,0.00	\$22.72	\$0.00	\$15.10	\$5.04	\$10.01	\$0,00
18	Ortrly Routine Srvcs 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 = £n 16	\$177.31	\$102.58	\$0.00	\$19,50	\$22.42	\$0.00	\$19.76	\$3.04	\$10.01	\$0.00
	Quarterly Per Diem Add-on Amounts											
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 Srvs)	Ln 19 Col b x CPS Add-on	\$1.03	\$1,03					, . .		+3.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sling 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		I	1	1					<u> </u>

ł	rovider: Nursecare of Buckhead	Ad	d-on Data and P	ercentages (h Allowance:	Facility Score N/A	Add-on Percent 13.37%	Cas	e Mix Index (CMI) Data d Overall CMI:		Facility Specific 1,3783	State- wide 1.3699
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/01/20 06/30/20		ly BIMS score ality Incentive:		1,0% 0.0%	Qrtrly Mcaid	Quarterly I	Medicaid CMI; Wght Options:		1.4500 1.4746	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 gagar	ь	c	d :::::	e	militar f alles in	g	g	h	g or in 1 220.
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group	(acc rone) martial		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
ĺ	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
i	Peer Group Standards & Efficiency Measure Limits						į					
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		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 Srvcs 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	s
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	(\$228,212)	\$0	\$0	\$0	so	so	(\$228,212)		(\$250,820)	\$250.82
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	\$276,362	\$2,131,509	\$250.82
8	Total Nursing Facility Days As Filed Days = 77,604	FY13 Audited C/R Days	77,604									,
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 76,020	FY 18 GL-PL Ins Rpt Days								76,020		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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	\$3.2
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.3783							·	
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52,69								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = Ln 9		\$52.69	\$0.00	\$15.27	\$19.08		\$25.22	\$3.64	\$27.47	\$3.2
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	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	\$3,2
											(FRV)	
4.5	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Allwnc %	\$14.77	\$7.04	\$0.00	\$2.04	\$2.55	\$0.00	\$3.14	N/A	N/A	N/.
16 17	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	\$3.2
	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.4746</u>								
18	Outrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88,08	***		***					
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlhr = Ln 16	\$170.07	\$88,08	\$0.00	\$17.31	\$21.63	\$0.00	\$26.60	\$3.64	\$9.58	\$3.2
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Ahvd] 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 Srvs)	Ln 19 Col b x CPS Add-on	\$0.88	\$0.88								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$0,00	\$0.00					1			
23	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	\$0.0
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$189.21	\$89.49	\$0.00	\$17.53	\$22.04	\$0.00	\$43.70	\$3.64	\$9.58	\$3.2
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$129.08			L			1	L	L	

1	Provider: Oak View Home - Waverly Hall Prvdr ID: 00142249A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020		owth Allowance: trly BIMS score	43,0%	Add-on Percent 13.37% 2.5% 3.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.2630 1.3993 1.4229	State- wide 1.3617 1.5138 1.5405
Line		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
	CASE MIX BASED RATE CALCULATIONS		а	b	C	d	Beregeringer	65.00 f /59.00	g	g	ng40 ng n h laga-1agi	ngsalijava.
-												
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	f All Facilities All Bed Sizes			
2 3 4	Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	, and the same of	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		FY12 C/R Audit Adjstmts	(\$40,534)	(\$18,225)	\$0	\$0	\$0	\$0	(\$22,309)		(\$16,476)	\$16,476
7		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		FY12 Audited C/R Days	34,419									
1.	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,806	FY 18 GL-PL Ins Rpt Days								35,806		
9		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		from 4 qtrs of FY12		<u>1.2630</u>								
11		Ln 9 / Ln 10		\$59.05								
12	,	RS = Ln 11, AllOthr = Ln 9		\$59.05	\$0.00	\$14.24	\$16.68		\$15.86	\$2.68	\$4.04	\$0.48
13		per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$23.09		\$20,56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$117.28	\$59,05	\$0.00	\$14.24	\$16,68		\$15.86	\$2.68	8.29 (FRV)	\$0.48
	Quarterly Per Diem Rate Prior to Add-ons										1,1147	
15	• —	in 14 x Grwth Allwing %	\$14.14	\$7,89	\$0.00	\$1.90	\$2.23	\$0.00	\$2.12	N/A	N/A	N/A
16		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		per Current Qtr End		1.4229								
18	, , , , , , , , , , , , , , , , , , , ,	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
	Quarterly Per Diem Add-on Amounts											
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		Ln 19 Cal b x CPS Add-on	\$2.38	\$2.38								
22		Ln 19 Col b x Stfng Add-on	\$2.86	\$2.86								
23		(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.87	\$5.77	\$0,00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$183.60	\$101.02	\$0.00	\$16.36	\$19.32	\$0.00	\$35.45	\$2.68	\$8.29	\$0.48
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 26 - Ln 23) * 0,75	\$124.88		-							

	ovider: Oakview Health & Rehab Center ovdr ID: 00142238A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020		owth Allowance; Nrly BIMS score	36.8%	Add-on Percent 13.37% 2.5% 3.0%			d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.2538 1.4911 1.5181	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
1334			a	b	c	d	ing the same	ESECTION.	g	333 g 3333	gallingeric h rammergigt	. Weiter ja Turke eine
<u>C</u>	ASE MIX BASED RATE CALCULATIONS									A Principal Prin		
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 Ali Facilities All Bed Sizes	1 All Facilities All Bed Sizes	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 3 4	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) (see Policy Manual) (see Policy Manual)		90,0% 100,0% \$0,53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85,0% 100.0% \$0,41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$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 Fited Days = 51,873	FY12 Audited C/R Days	51,873									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 52,667	FY 18 GL-PL Ins Rpt Days								52,667		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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		1.2538								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.67								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of En 12 or Ln 13	\$132.55	\$60.67	\$0.00	\$14.93	\$19.87		\$18.32	\$2.74	15.58 (FRV)	\$0.44
	Quarterly Per Diem Rate Prior to Add-ons										(ray)	
15	Growth Allowance Percentage = 13.37%	En 14 x Grwth Allwnc %	\$15.22	\$8,11	\$0.00	\$2.00	\$2,66	\$0.00	\$2.45	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$147.77	\$68,78	\$0,00	\$16.93	\$22.53	\$0.00	\$20.77	\$2.74	\$15.58	\$0,44
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current QIr End		<u>1.5181</u>								
18	Ortrly Routine Srvcs 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
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0,53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.61	\$2.61			, =,		45.07		73,20	
22	Nurse Staff Hrs / Quality Add-on Per Diern = 3.0% (to Routine Srvcs)	Ln 19 Cel b x Sifng Add-on	\$3.13	\$3.13								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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			·				·		

Provider: Oceanside Health & Rehab - Tybee		Add-on f	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%			iod Overall CMI:	•	Use Stwd	1.3617
H/B ?: No Case Mix Per Diem Rate Effective Date:	10/01/20		BIMS:	24.6%	1.0%			ly Medicaid CMI:		1.6385	1.5138
MDS & Nurse Hrs Data per Quarter Ending:		e Hours per On-Si	te Day/Quality Incentive:	3.34	1.0%	Qrtrly M		G Wght Options:		1.6693	1.5405
			1	;	·	1		-		·····	,
Line of College strangers and the College strangers	Sources /	Totals	Routine	Special	Distant.	Laundry &	Plant	Admin	A&G- GL-PL	Property	Taxes
# Description	Calculations	1 Uldis	Services	Services	Dietary	Houskpng	Operatns & Maint	and General	Insurance	and	and
	Calculations	a	Ь	С	d	е	ox Maltit	General		Related h	Insurance
CASE MIX BASED RATE CALCULATIONS		1 4	<u> </u>	pulma i v Complimi.	u	I e	La como distribuidados	<u> </u>	1	П	<u> </u>
Cost Center Peer Groups per Selected Options		I	1 1	1 1	2	1 1	1 4		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			All Ded Oizes	All Ded Orces	All Deb dizes	All Ded Sizes	All Ded Sizes	All Ded 312es			
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%			l
Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			i
Per Diem Costs and Add-ons	}		1 42.00	\$0.00	\$0.12	φ0.71		\$0.07			
GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rot							}	\$ 60,278		
Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rot	ļ]		21,444		1
Standard Per Diem (After CMA for Routine Stycs)	FY 2012 Peer Group Limit		\$71.51		\$18,41	\$23.09	1	\$20.56	21,444	\$16.46	\$0,00
Allowed @ 95% of Std		\$143.35	\$67.93		\$17.49	\$21.94		\$19.53		\$16.46 \$16.46	
Growth Allowance 13.4%		\$16.97	\$9.08		\$2.34	\$2,93	***************************************	\$2.61		\$10. 1 0	\$0,0
CMA Allowed Per Diem (After Growth Alowance)		\$163.13	\$77.01		\$19.83	\$24,87	-	\$22.14	1	\$16,46	\$0,00
Quarterly Facility Case Mix Index for Medicaid Residents		1 7100.10	1.6693		1 0.00	421,07	*	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	2.01	(FRV Rate)	30.00
Ortly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem			\$128,56				į			(FAV Adie)	1
Quarterly Medicaid CMA Allowed Per Diem		\$214.67	\$128.56		\$19.83	\$24,87		\$22,14	\$2.81	646.46	
Quarterly Per Diem Add-On Amounts		\$214.07	\$120.50		\$19.03	\$24.07	i	\$22.14	\$2.81	\$16.46	\$0.00
BIMS Add-on Per Diem = 1.0% to Routine Srvs)		\$1,29	\$1.29					ł			1
Nurse Staff Hrs / Quality Add-on Per Diem = 1,0%		\$1.29	\$1.29 \$1.29		1			- Control			
Nursing Home Provider Fee		\$17.10	\$1.29					17.10			
Total Quarterly Per Diem Add-On Amounts		\$17.10]				17.10			
Quarterly Case Mix Based Per Diem Rate		\$234.34	\$131.13		\$19.83	\$24.87		\$39.24	\$2.81	\$16.46	60.00
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$162.93	\$2,54,54	\$131,13		\$13.03	344.01		333.24	32.81	\$10.46	\$0.00
Technica Hour tel Diem Mate (Lei Diem Mate - LAM Les) X 1939	\$102.33		I	L	<u> </u>	L	L	L			<u> </u>

	Provider. Oconee Health & Rehab Prvdr ID: 00142293A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020	C	Percentages owth Allowance; Otrly BIMS score Quality Incentive;		Add-on Percent 13.37% 2.5% 3.0%	-		d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.1620 1.2700 1.2918	State- wide 1.3617 1.5138 1,5405
Line #	e n	Sources <i>1</i> Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G-GL-PL insurance	Property and Related	Taxes and Insurance
-	CASE MIX BASED RATE CALCULATIONS		a	Mariani bassani	c c	no podržiši.	е	######################################	g	on g	h (1997)	galaga i odija.
1		(and Deline Manual)		1	1	2	_					
	Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90,0% 100,0% \$0,00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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	,	FY12 Audited C/R	\$2,422,325	\$1,169,546	\$0	\$286,116	\$161,467	\$218,516	\$332,612	\$47,879	\$197,808	\$8,381
8	Total Nursing Facility Days As Filed Days = 14,885	FY12 Audited C/R Days	14,885									
	Total Nursing Facility Days GL-Pt, Ins, Rpt As Filed Days = 17,204	FY 18 GL-PL Ins Rpt Days								17,204		
9	,	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		from 4 qtrs of FY12		<u>1.1620</u>								
11	, , , , , , , , , , , , , , , , , , , ,	Ln 9 / Ln 10		\$67.61								
12	1	RS = Ln 11, AllOthr = Ln 9		\$67.61	\$0.00	\$19.22	\$25,53		\$22.35	\$2.78	\$13,29	\$0.56
13		per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$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
	Quarterly Per Diem Rate Prior to Add-ons										(,,,,	
15	3° ———	Ln 14 x Grwth Allwnc %	\$17.34	\$9.04	\$0,00	\$2.46	\$3.09	\$0.00	\$2.75	N/A	N/A	N/A
16		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	· · · · · · · · · · · · · · · · · · ·	per Current Qtr End		1.2918								
18 19	, , , , , , , , , , , , , , , , , , , ,	Ln 16 x Ln 17 RS = Ln 18. Al/Othr = Ln 16	0400 57	\$99.02								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = LR 18, AIIOIRF = LR 16	\$182,57	\$99.02	\$0.00	\$20.87	\$26.18	\$0.00	\$23,31	\$2.78	\$9.85	\$0.56
	Quarterly Per Diem Add-on Amounts			,								
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	· · · · · · · · · · · · · · · · · · ·	Ln 19 Col b x CPS Add-on	\$2.48	\$2.48								
22	· —	Ln 19 Col b x Sting Add-on	\$2,97	\$2.97								
23	· [-	(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	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$205.65	\$105,00	\$0.00	\$20.87	\$26.18	\$0.00	\$40.41	\$2.78	\$9.85	\$0,56
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0,75	\$141.41									

1	rovider: Oconee Regional SNF	_	Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 13,37%	Cas	e Mix Index (CMI) Data	•	Facility Specific 2,1590	State- <u>wide</u> 1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020 06/30/20 Nurse Hours		trly BIMS score		0.0% 0.0%	Ortrly Moaid	Quarterly	Medicaid CMI: Wght Options:		1,4350 1,4640	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
			aa	b	C	d	rediciple in proper	500 ye 1 950 ye.	g	.:::::g:::	egi di se h de signi	gistan († 11. m.)
5	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0,37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$2,812,723	\$765,901	\$0	\$176,858	\$67,047	\$204,465	\$1,273,331	\$20,101	\$305,020	\$0
6	Audit Adjustments and Realiocations 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	FY12 Audited C/R Days	3,356									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 2,003	FY 18 GL-PL ins Rpt Days								2,003		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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		<u>2.1590</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$105.71								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	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
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13,37%	Ln 14 x Grwth Allwac %	\$19.30	\$9,56	\$0.00	63.00	£2.00	\$0.00	60.75	81/4	AMA	. LITA
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$19.30	\$9.50	\$0.00	\$3.90 \$33.05	\$3,09 \$26,18	\$0.00 \$0.00	\$2.75 \$23,31	N/A \$10.04	N/A \$21.61	N/A \$0,97
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$100.20	1.4640	\$5.00	\$55.55	ψZ0.10	\$0,00	440,01	\$10.04	921.01	\$0,81
18	Ortrly Routine Srvcs 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
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0,00	\$0.00	\$0.00	\$0,00		\$0.00	
21	BIMS Add-on Per Diern = 0.0% (to Routine Srvs)	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 Srvcs)	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									······

	rchard Health and Rehab 1142656A		Add-on Data and Gro	Percentages owth Allowance:	Facility Score N/A	Add-on Percent 13,37%	Cas	se Mix Index (I Base Perio	CMI) Data d Overall CMI:		Facility Specific 0.9752	State- wide 1,3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020 06/30/20 Nurse Hours p	C er On-Site Day/O	Itrly BIMS score uality Incentive:	50,7% 3.44	5.5% 3.0%	Ortrly Moaid		Medicaid CMI: Wght Options:		1.3460 1.3701	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
			а	<u> Agrija brunga</u>	C	i i i i di eserci	е	-67183 1 76534	g	i g	ATJUSTER NO COST	epapa i jisa.
CASE MIX E	BASED RATE CALCULATIONS											
Туре	r Peer Groups of Facility within Peer Group Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	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 Grou	o Standards & Efficiency Measure Limits up Standards: Percentile up Standards: Multiplier Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105,0% \$0,37			
Base Perio	d Per Diem Allowed Amounts											
5 As Filed C	cost Center Costs (Routine & Special Srvcs 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
1 1	stments 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
1 1	er 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 N	ursing Facility Days As Filed Days = 29,547	FY12 Audited C/R Days	29,547									
1 1	ursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,624	FY 18 GL-PL Ins Rpt Days								29,624		
1 1	iems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Coi a	\$115,98	\$63.82	\$0.00	\$13,88	\$14.21	(with L&H)	\$15,83	\$3.40	\$4.38	\$0,46
	eriod Facility Case Mix Index for All Residents	from 4 qtrs of FY12		0.9752								
1 1	Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.44								
1 1	iems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AilOthr = Ln 9		\$65.44	\$0.00	\$13,88	\$14.21		\$15.83	\$3.40	\$4.38	\$0.46
	Standards (After Statewide CMA for Routine Stross)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$23.09		\$20.56	\$0,00	N/A	
14 Base Perio	od Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$120.71	\$65.44	\$0.00	\$13.88	\$14.21		\$15.83	\$3.40	7.49 (FRV)	\$0,46
	er Diem Rate Prior to Add-ons										(, ,	
1 1	lowance Percentage = <u>13.37%</u>	Ln 14 x Grwih Allwnc %	\$14.63	\$8.75	\$0.00	\$1.86	\$1.90	\$0.00	\$2.12	N/A	N/A	N/A
1 1	ved 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
1 1	ty Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.3701</u>								
1 1	outine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.65								
19 Quarterly i	Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$162.80	\$101,65	\$0.00	\$15.74	\$16.11	\$0,00	\$17.95	\$3.40	\$7,49	\$0,46
Quarterly P	er Diem Add-on Amounts											
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	
1 1	-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Cot b x CPS Add-on	\$5.59	\$5.59								
t I	ff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Slfng Add-on	\$3.05	\$3.05								
	ome Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
	nerly 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 C	ase 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 P	er Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$129.73								<u> </u>	

Provider: Orchard View Rehab & Skilled NC		Add a- f	Oato and Corports	Facility Score	Add-on Percent		Ongo Mile Inde	· (CM) Data		Facility	State-
Provider. Ordinard view Remail & Skilled NC		AUG-DILE	Data and Percentages Growth Allowance:	•			Case Mix Index			Specific	wide
H/B ?: No Case Mix Per Diem Rate Effective Date:	10/01/20			,	13.37%			riod Overall CMI:		1,2690	1.3617
			BIMS:	55.7%	5.5%			ly Medicaid CMI:		1.1867	1.5138
MDS & Nurse Hrs Data per Quarter Ending:	06/30/20 N	lurse Hours per On-Si	te Day/Quality Incentive:	5.28	3.0%	Qririy N	Icaid CMI w RU	G Wght Options:		1.2047	1.5405
Line # Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		а	b	С	d	. е:	25 5 f . 5 5	g		h.	i
CASE MIX BASED RATE CALCULATIONS										***************************************	
Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits			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			
Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums)			90.0% 100.0% \$0.53	90,0% 100.0% \$0,00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105.0% \$0,37	- Parky desired and the second and t		***
Per Diem Costs and Add-ons GL-PL- Insurance Costs	FY2018 GL-PL ins. Ro	ot				***			\$ 162,156		
Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL ins. Rp	1					İ		65,190		
Standard Per Diem (After CMA for Routine Srvcs)	FY 2012 Peer Group Lin	,	\$71.51		\$18,41	\$23.09	i	\$20,56	00,100	\$38,01	\$0.0
Allowed @ 95% of Std	,	\$164.90	\$67,93		\$17,49	\$21.94	}	\$19,53		\$38.01	
Growth Allowance 13,4%		\$16,97	\$9.08		\$2.34	\$2,93	İ	\$2.61	Ì		1
CMA Allowed Per Diem (After Growth Alowance)		\$184.36	\$77.01		\$19.83	\$24.87		1	\$ 2.49	\$38,01	\$0.00
Quarterly Facility Case Mix Index for Medicaid Residents			1.2047							(FRV Rate)	
Ortly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem			\$92.78		ļ				i	,	
Quarterly Medicaid CMA Allowed Per Diem		\$200.12	\$92.78		\$19.83	\$24.87	Avvestualis Avves	\$22.14	\$2.49	\$38.01	\$0.00
Quarterly Per Diem Add-On Amounts							-				
BIMS Add-on Per Diem = 5.5% to Routine Srvs)		\$5.10	\$5.10				-				
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% Nursing Home Provider Fee		\$2.78	\$2.78]				
Total Quarterly Per Diem Add-On Amounts		\$0.00 \$7.89					-	0.00			j
Quarterly Case Mix Based Per Diem Rate		\$208.01	\$100.66		640.83	\$24.87		+00.44	40.40	****	00.00
	\$156.00	\$208.01	\$100.00		\$19.83	\$24.87	ļ	\$22.14	\$2.49	\$38,01	\$0,00
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$130.00		l	l	I	<u> </u>			L	<u> </u>	<u></u>

Facility Add-on Facility State-Oxiey Park Health & Rehab Add-on Data and Percentages Score Percent Case Mix Index (CMI) Data Specific _wide_ 00143316A Prvdr ID: Growth Allowance; N/A 13.37% Base Period Overall CMI: 1.3255 1.3617 Case Mix Per Diem Rate Effective Date: 10/1/2020 Qtrly BIMS score 12.8% 0.0% Quarterly Medicaid CMI: 1.3182 1.5138 MDS & Nurse Hrs Data per Quarter Ending: 06/30/20 Nurse Hours per On-Site Day/Quality Incentive: 3.0% Ortrly Meaid CMI w RUG Wight Options: 3.27 1.3409 1.5405

L	•	·							Trgitt Options		1,0405	1.5400
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	Applica b ila again	С	d	e	99994 5 9999	g	g	olida egili i h deli de d	
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90,0% 100,0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs 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 7 8	Audit Adjustments and Reallocations to Cost Center Costs Cost Center Costs After Audit Adjustments Total Nursing Facility Days As Filed Days = 42,231	FY12 C/R Audit Adjstmts FY12 Audited C/R FY12 Audited C/R Days	(\$23,529) \$6,225,487 42,231	\$0 \$3,266,179	\$0 \$0	\$0 \$600,921	\$0 \$330,445	\$0 \$337,112	(\$23,529) \$830,461	\$99,288	(\$38,077) \$723,004	\$38,077 \$38,077
9	Total Nursing Facility Days GtPL Ins. Rpt As Filed Days = 36,348 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	FY 18 GL-PL ins Rpt Days Ln 7 / Ln 8 Col a	\$147.79	\$77.34	\$0.00	\$14.23	\$15,81	(with L&H)	\$19.66	36,348 \$2,73	\$17.12	***
10 11	Base Period Facility <u>Case Mix Index</u> for All Residents Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	from 4 qtrs of FY12 Ln 9 / Ln 10	0147.10	1,3255 \$58,35	\$0.00	\$14.20	\$15,01	(WIDI LOTY	\$19.00	\$2.13	\$17.12	\$0.90
12 13	Net Per Diems after Case Mix Adjstmt to Routine Srvcs Per Diem Standards (After Statewide CMA for Routine Srvcs)	RS = Ln 11, AllOthr = Ln 9 per Peer Group Limits		\$58,35 \$71,51	\$0.00 \$0.00	\$14.23 \$18.41	\$15.81 \$23.09		\$19,66 \$20.56	\$2.73 \$0.00	\$17.12 N/A	\$0.90
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$128.28	\$58.35	\$0,00	\$14.23	\$15.81		\$19.66	\$2.73	16.60 (FRV)	\$0.90
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14,44	67.00			00.44	***				
16 17	CMA Allowed Per Diem (After Growth Allowance Add-on) Quarterly Facility Case Mix Index for Medicaid Residents	Ln 14 + Ln 15 per Current Qtr End	\$142.72	\$7.80 \$66.15 <u>1.3409</u>	\$0.00 \$0.00	\$1.90 \$16,13	\$2.11 \$17.92	\$0,00 \$0.00	\$2.63 \$22.29	N/A \$2.73	N/A \$16,60	N/A \$0,90
18 19	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	Ln 16 x Ln 17 RS = Ln 18, AllOihr = Ln 16	\$165.27	\$88.70 \$88.70	\$0.00	\$16.13	\$17.92	\$0.00	\$22.29	\$2.73	\$16.60	\$0,90
20 21	Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0) BIMS Add-on Per Diem = 0,0% (to Routine Srvs)	(see Policy Manual) Ln 19 Col b x CPS Add-on	\$1.53 \$0.00	\$0.53 \$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
22 23	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) Nursing Home Provider Fee	Ln 19 Col b x Sting Add-on (Fixed Amount)	\$2.66 \$17.10	\$2,66					\$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				<u> </u>					

1	rovider: Palemon Gaskins Nursing Home vdr ID: 00142326A Case Mix Per Diem Rate Effective Date; MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020		owth Allowance: htdy BIMS score	Facility Score N/A 33.3% 4.51	Add-on Percent 13.37% 2.5% 3.0%		Quarterly	CMI) Data d Overall CMI: Medicaid CMI; Wght Options;		Facility <u>Specific</u> 1.2317 1.0897 1.1049	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
	ASE MIX BASED RATE CALCULATIONS		a	b	C	ages (diages)	e	12077 1 13397	9	9 9 9	Mariania h	1 1
-	, 1000 to 1000 to 1000 to 1000 to 1000 to 1000 to 1000 to 1000 to 1000 to 1000 to 1000 to 1000 to 1000 to 1000											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90,0% 100,0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105,0% \$0,37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Srvcs	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 qlrs of FY12		<u>1.2317</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$67,87								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = 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 Strucs)	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
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$18,74	\$9.07	\$0.00	62.00	F2 00	60.00	60.00			.
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$174,78	\$76.94	\$0.00	\$3.90 \$33,05	\$3.09 \$26.18	\$0.00 \$0.00	\$2.68 \$22.71	N/A \$3.94	N/A \$11,85	N/A \$0.11
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	4	1.1049	40.00	\$55,00	\$20.10	φυ.00	3cc./1	\$0.54	Ģ11.03	3 0.11
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$85.01								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = £n 16	\$182,85	\$85.01	\$0.00	\$33,05	\$26.18	\$0.00	\$22.71	\$3.94	\$11,85	\$0.11
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.90	\$0.53	\$0,00	\$0.00	\$0.00	\$0,00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	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 Srvcs)	Ln 19 Cel b x Sting 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 Dlem 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									

1	rovider: Park Place Nursing Facility			Add-on Data and		Facility Score	Add-on Percent	Cas	se Mix Index (0			Facility Specific	State- wide
P		iem Rate Effective Date: Data per Quarter Ending:	10/1/2020 06/30/20 Nurse Hours		owth Allowance; htrly BIMS score Quality Incentive;	37.5%	13.37% 2.5% 2.0%	Qrtrly Meald	Quarterly	d Overall CMI: Medicaid CMI; Wght Options:		1.2699 1.2898 1.3089	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	1914 d 1919	е	f	g	g	h	Degradade.
<u>c</u>	ASE MIX BASED RATE CALCULATIONS												•
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group		(see Policy Manual)		1 All Facilities All Bed Sizes	1 Ali Facilities Ali Bed Sizes	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 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0,53	90.0% 100,0% \$0,00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37	***************************************		
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs Combi	ined)	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	\$542,70 5	\$0
6 7	Audit Adjustments and Reallocations to Cost Center Costs Cost Center Costs After Audit Adjustments	s	FY12 C/R Audit Adjstmts FY12 Audited C/R	(\$582,209) \$7,169,145	(\$98,808) \$4,223,932	\$0 \$0	\$6,084 \$864,970	\$8,854 \$432,074	(\$4,868) \$443,380	(\$207,568) \$600,142	\$347,845	(\$363,773) \$178,932	\$77,870 \$77,870
8		d Days = 57,271 d Days = 58,793	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	57,271							50.700		
9	Total Nursing Facility Days GL-PL Ins, Rpt As File Net Per Diems prior to Case Mix Adjstrnt to Routine Srvcs		Ln 7 / Ln 8 Col a	\$125.02	\$73.75	\$0.00	\$15.10	\$15.29	(with L&H)	\$10.48	58,793 \$5,92	\$3.12	\$1.36
10	Base Period Facility <u>Case Mix Index</u> for All Residents		from 4 gtrs of FY12	\$125.02	1.2699	\$0.00	\$13.10	\$15,25	(WINT LOTY	\$10.46	\$5.92	\$3,12	\$1,30
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem		Ln 9 / Ln 10		\$58.07								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs		RS = Ln 11, AliOthr = 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 Srycs)		per Peer Group Limits		\$71.51	\$0,00	\$18.41	\$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
	Quarterly Per Diem Rate Prior to Add-ons					_							
15	Growth Allowance Percentage = 13.37%		Ln 14 x Grwth Allwnc % Ln 14 + Ln 15	\$13,22	\$7.76	\$0.00	\$2.02	\$2.04	\$0,00	\$1.40	N/A	N/A	N/A
16 17	CMA Allowed Per Diem (After Growth Allowance Add-on)		per Current Qtr End	\$133.47	\$65,83	\$0,00	\$17.12	\$17.33	\$0.00	\$11.88	\$5,92	\$14,03	\$1,36
18	Quarterly Facility <u>Case Mix Index</u> for Medicaid Resident Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Di	1	Ln 16 x Ln 17		<u>1,3089</u> \$86,16								
19	Quarterly Medicaid CMA Allowed Per Diem	em	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
	Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, o	or 0)	(see 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 Srvs)	Ln 19 Col b x CPS Add-on	\$2.15	\$2.15								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to F	Routine Srvcs)	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									

Provider:	Parkside Post Acute Care and Rehab		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility <u>Specific</u>	State- wide
Prvdr ID:	00169199A		Growth Allowance:	N/A	13.37%	Base Period Overall CMI:	1.3690	1.3617
	Case Mix Per Diem Rate Effective Date:	10/1/2020	Qtrly BIMS score	39.3%	2.5%	Quarterly Medicaid CMI:	1.5188	1.5138
	MDS & Nurse Hrs Data per Quarter Ending:	06/30/20	Nurse Hours per On-Site Day/Quality Incentive:	3.73	2.0%	Qrtrly Mcaid CMI w RUG Wght Options:	1.5445	1.5405

Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng e	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related h	Taxes and Insurance
			a	U	C	u	е	•	g	g	11	'
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits	(a.e. Delley Menyel)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	100.0%	100.0%	85.0% 100.0%		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 Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$9,561,164	\$4,548,816	\$0	\$1,020,738	\$613,465	\$507,283	\$2,025,599	\$20,313	\$824,950	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$289,144)	(\$2,722)	\$0	\$0	\$2,545	\$2,104	(\$294,492)		(\$107,490)	\$110,911
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$9,272,020	\$4,546,094	\$0	\$1,020,738	\$616,010	\$509,387	\$1,731,107	\$20,313	\$717,460	\$110,911
8	Total Nursing Facility Days As Filed Days = 56,904	FY12 Audited C/R Days	56,904									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 55,592	FY 18 GL-PL Ins Rpt Days								55,592		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.36								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$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	\$1.95
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
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 Case Mix Index for Medicaid Residents	per Current Qtr End		1.5445								
18	Ortrly Routine Srvcs 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
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.55	\$2.55								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	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	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$203.51	\$107.30	\$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	\$139.81		I	I.			I.			

					Facility	Add-on		Facility	State-
Provi	ler: Parkside Ellijay			Add-on Data and Percentages	Score	Percent	Case Mix Index (CMI) Data	<u>Specific</u>	wide
Prvdr	ID: 00141127A			Growth Allowance:	N/A	13.37%	Base Period Overall CMI:	1.3029	1.3617
		Case Mix Per Diem Rate Effective Date:	10/1/2020	Qtrly BIMS score	40.0%	2.5%	Quarterly Medicaid CMI:	1.7606	1.5138
		MDS & Nurse Hrs Data per Quarter Ending:	06/30/20	Nurse Hours per On-Site Day/Quality Incentive:	3.58	3.0%	Qrtrly Mcaid CMI w RUG Wght Options:	1.7685	1.5405

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng e	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	D	C	u	е		g	g	П	
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	1	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Hosp Based	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual)		90.0%	90.0% 100.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		100.0% \$0.53	\$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
~	Emoleticy Weadure Waximums (see line 20 for actual)	(See Folicy Manual)		ψυ.55	ψ0.00	ψ0.22	ψυ.41		ψ0.57			
	Base Period Per Diem Allowed Amounts						_					
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,106,944	\$2,649,172	\$0	\$833,481	\$325,598	\$571,475		\$17,410	\$642,151	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$62,077)	(\$129,666)	\$0	\$3,725	(\$1,710)	\$12,083	\$58,749		(\$57,355)	\$52,097
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,044,867	\$2,519,506	\$0	\$837,206	\$323,888	\$583,558	\$1,126,406	\$17,410	\$584,796	\$52,097
8	Total Nursing Facility Days As Filed Days = 35,922	FY12 Audited C/R Days	35,922									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,355	FY 18 GL-PL Ins Rpt Days								29,355		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$169.92	\$70.14	\$0.00	\$23.31	\$25.26	(with L&H)	\$31.36	\$2.12	\$16.28	\$1.45
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.3029</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.83								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	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	\$1.45
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
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		<u>1.7685</u>								
18	Qrtrly Routine Srvcs 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
	Quarterly Per Diem Add-on Amounts											
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 Srvs)	Ln 19 Col b x CPS Add-on	\$2.70	\$2.70	ψ0.00	Ψ0.22	ψ3.00	ψ0.00	ψ0.00		ψ3.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvs)	Ln 19 Col b x Stfng Add-on	\$3.24	\$3.24								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	ψ0.24					\$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	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$220.81	\$114.40	\$0.00	\$26.65	\$26.18	\$0.00	\$40.41	\$2.12	\$9.60	\$1.45
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$152.78		l	ļ	l		1	1		1

1	rovider: Pelham Parkway Nursing Home		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index ((Facility Specific	State- wide
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020 06/30/20 Nurse Hours p		owth Allowance: htrly BIMS score tuality Incentive:	N/A 27.3% 4.30	13.37% 1.0% 2.0%	Ortrly Mcaid	Quarterly	d Overall CMI: Medicaid CMI; Wght Options;		1.4543 1.1488 1.1653	1.3617 1.5138 1.5405
Line	Description	Sources I Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskping	Plant Operains & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
3/4			a	b	c	. d	е	7 (f	g	g	ħ	jeste j este j
2	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 Ali Facilities Ali 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 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0,53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85,0% 100,0% \$0.41		50.0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Sives 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	so
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 FY 18 GL-PL Ins Rot Days	38,915									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 37,881 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	En 7/En 8 Col a	\$158.00	\$68.94	\$0,00	605.00	504.40	4.246.4.000	****	37,881		
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 gtrs of FY12	\$158.00	1.4543	\$0,00	\$25.96	\$31.16	(with L&H)	\$25.02	\$0.53	\$6.00	\$0.39
11	Routine Stros Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		<u>1.4543</u> \$47.41								
12	Net Per Diems after Case Mix Adjstrat to Routine Srvcs	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 Stros)	per Peer Group Limits		\$71.51	\$0,00	\$29.15	\$23.09		\$20.56	\$0.00	\$6.00 N/A	\$0.39
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$129.36	\$47.41	\$0.00	\$25.16	\$23.09		\$20.56	\$0.53	11.42	\$0,39
	•		, , , , , ,	•	****		V			70.55	(FRV)	\$5,55
	Quarterly Per Diem Rate Prior to Add-ons											
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 17	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15 per Current Qtr End	\$145.01	\$53,75	\$0,00	\$29.43	\$26.18	\$0.00	\$23,31	\$0.53	\$11.42	\$0.39
18	Quarterly Facility Case Mix Index for Medicaid Residents	per Corrent Qtr End En 16 x En 17		<u>1.1653</u>								
19	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$153.89	\$62.63 \$62.63	\$0.00	\$29.43	\$26.18	\$0.00	\$23.31	\$0,53	\$11.42	\$0.39
.3	Guntary Mountaid Oldin Allowed For Digitt	1.5 - EN TO, FRIORIII - EN TO	\$155.09	ФСК.03	\$U,UU	Ф 25.43	\$20.18	\$0.00	\$23,31	3 0.03	⊅11.4 2	\$U.39
	Quarterly Per Diem Add-on Amounts									-		
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 = 1.0% (to Routine Srvs)	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 Srvcs)	Ln 19 Col b x Sting 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	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$173.62	\$65.04	\$0.00	\$29.65	\$26.18	\$0.00	\$40.41	\$0.53	\$11.42	\$0.39
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$117.39								<u></u>	

1	rovider: Pine Knoll Nursing and Rehab Center rvdr ID: 00142458A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020		th Allowance: ly BIMS score	25,9%	Add-on Percent 13.37% 1.0% 3.0%			Overall CMI Medicaid CMI	;	Facility <u>Specific</u> 1.4918 1.7180 1.7502	State- wide 1.4014 1.5138 1.5405
Line	Description	Sources <i>I</i> Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	Product b manager	c	d	-3000 (e	gregtenet	g		jita say h masayi	ggsti l (175)
5	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY 14 C/R - FY 18 GL-PL I	₹pt \$3,033,430	\$1,643,752	\$0	\$263,493	\$137,206	\$122,047	\$529,205	\$10,987	\$326,740	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY14 C/R Audit Adjstmts	\$11,806	(\$1,979)	\$0	\$0	(\$703)	\$71	\$16,036		(\$12,308)	\$10,689
7	Cost Center Costs After Audit Adjustments	FY14 Audited C/R	\$3,045,236	\$1,641,773	\$0	\$263,493	\$136,503	\$122,118	\$545,241	\$10,987	\$314,432	\$10,689
8	Total Nursing Facility Days As Filed Days = 18,890	FY14 Audited C/R Days	18,890									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,777	FY 18 GL-PL Ins Rpt Days								39,777		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Saves	Ln7/Ln8Cola	\$160,91	\$86,91	\$0,00	\$13.95	\$13.69	(with L&H)	\$28.86	\$0.28	\$16,65	\$0.57
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.4918								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 9/En 10		\$58.26								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = £n 11, AllOthr = £n 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 Srvcs) Base Períod Case Mix Adjusted Allowed Per Diem	per Peer Group Limits Lesser of Ln 12 or Ln 13	\$118.59	\$73.31 \$58.26	\$0.00 \$0.00	\$19.52 \$13.95	\$23.55 \$13.69		\$24.02	\$0.00	N/A 7.82	\$0,57
- 44	Base Ferrod Case Mix Adjusted Allowed Fer Diem	Fe2263 OI FII 15 O1 FII 12	\$116.59	\$56.26	\$0.00	\$13.95	\$13.69		\$24.02	\$0.28	7.82 (FRV)	\$0,57
	Quarterly Per Diem Rate Prior to Add-ons											
15 16	Growth Allowance Percentage = 13.4%	En 14 x Grwth Allwinc %	\$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) Quarterly Facility Case Mix Index for Medicaid Residents	Ln 14 + Ln 15 per Current Qtr End	\$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 Medicald Residents Quarterly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		1.7502 \$115.60								
19	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
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0,22	\$0,41	\$0.00	\$0,00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	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 Sives)	Ln 19 Col b x Sting Add-on	\$3.47	\$3,47								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.89	\$5,16	\$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 + Lл 24	\$205.73	\$120.76	\$0,00	\$16.04	\$15.93	\$0.00	\$44.33	\$0.28	\$7.82	\$0.57
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$141.47						*			
	·		I	1								

					Facility	Add-on		Facility	State-	l
	Provider:	Pinehill Nursing Center		Add-on Data and Percentages	Score	Percent	Case Mix Index (CMI) Data	Specific Specific	wide_	
	Prvdr ID:	00083135A		Growth Allowance:	N/A	13,37%	Base Period Overall CMI;	1.0657	1,3617	
		Case Mix Per Diem Rate Effective Date;	10/1/2020	Qtrly BIMS score	37,7%	2.5%	Quarterly Medicaid CMI;	1.3777	1,5138	ı
		MDS & Nurse Hrs Data per Quarter Ending:	06/30/20	Nurse Hours per On-Site Day/Quality Incentive:	2.95	3,0%	Ortrly Moaid CMI w RUG Wight Options;	1.4019	1,5405	
1										

Lin #		Sources / Calculations	Totals	Rouline Services	Special Services	Dielary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
123			а	b	C C	d	e		g	g	h i	59/3000 1 /5/01
9	CASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts As Fifed Cost Center Costs (Routine & Special Srvcs 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	\$(
6 7	Audit Adjustments and Reallocations to Cost Center Costs Cost Center Costs After Audit Adjustments	FY12 C/R Audit Adjstmts FY12 Audited C/R	(\$265,533) \$2,166,725	(\$4,760) \$1,223,859	\$0 \$0	(\$3,865) \$253,287	(\$203) \$119,298	(\$1,902) \$213,972	(\$31,014) \$282,643	\$39,808	(\$241,103) \$16,544	\$17,314 \$17,314
8	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,209	FY12 Audited C/R Days FY 18 GL-PL ins Rpt Days	17,835			•				28,209		•
9 10 11		Ln 7 / Ln 8 Col a from 4 qtrs of FY12 Ln 9 / Ln 10	\$120.67	\$68,62 <u>1.0657</u> \$64,39	\$0.00	\$14,20	\$18.69	(with L&H)	\$15.85	\$1.41	\$0.93	\$0,9
12	•	RS = Ln 11, AllOthr = Ln 9		\$64.39	\$0.00	\$14.20	\$18.69		\$15.85	\$1.41	\$0.93	\$0.9
13 14	1	per Peer Group Limits Lesser of Ln 12 or Ln 13	\$124.33	\$71.51 \$64.39	\$0.00 \$0.00	\$18.41 \$14.20	\$23,09 \$18.69		\$20,56 \$15.85	\$0.00 \$1.41	N/A 8.82	\$0.9
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15 16 17 18	CMA Allowed Per Diem (After Growth Allowance Add-on) Quarterly Facility Case Mix Index for Medicaid Residents	Ln 14 x Grwih Allwnc % Ln 14 + Ln 15 per Current Qir End Ln 16 x Ln 17	\$15.13 \$139.46	\$8,61 \$73.00 <u>1.4019</u> \$102,34	\$0.00 \$0.00	\$1.90 \$16.10	\$2.50 \$21.19	\$0.00 \$0.00	\$2.12 \$17.97	N/A \$1.41	N/A \$8.82	N/A \$0.9
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	\$0,9
20		(see Policy Manual) Ln 19 Col b x CPS Add-oก	\$1.53	\$0,53	\$0,00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21 22 23	Transfer of the second of the	Ln 19 Col b x CPS Add-on Ln 19 Col b x Sting Add-on (Fixed Amount)	\$2.56 \$3.07 \$17.10	\$2.56 \$3.07					\$47.40			
24		Sum of Lns 20 thru 23	\$17.10	\$6.16	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10 \$17.47	\$0.00	\$0.00	\$0.0
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	\$0,9
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$131.97			1			1	I		L

Provider:	Pinewood Manor N	lursing Home	-	Add-on Data and		Facility Score	Add-on Percent	Cas	se Mix Index (0	CMI) Data	-	Facility Specific	State- wide
Prvďr ID;	00142513A	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020 06/30/20 Nurse Hours p		owth Allowance; htrly BIMS score luality Incentive;		13,37% 2.5% 3,0%	Ortrly Mcaid		d Overall CMI: Medicaid CMI: Wght Options:		1.3181 1.1705 1.1851	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
CASE	WIX BASED RATE CALC	DILL ATIONS		а	<u> </u>		- Base decessor	::::::::::::::::::::::::::::::::::::::	stantal frame.	g	2.00 (g .100.55)	- h	55,556 i 755.
	Center Peer Groups	COLATIONS	for Della Maria										
	Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Group Standards & Efficiency	•	(see Policy Manual)		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			
	r Group Standards: Percentile	, module alimo	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
- 1	r Group Standards: Multiplier		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
1	iency Measure Maximums (se	e line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Period Per Diem Allowed Am		(,,		43.00		-			00.01			
5 As F	iled Cost Center Costs (Routin	ne & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$3,583,932	\$1,748,716	\$0	\$519,903	\$269,657	\$173,308	\$517,509	\$39,528	\$315,311	\$0
	it Adjustments and Realfocation	ns to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$134,777)	(\$37,321)	\$0	\$9,404	\$5,902	(\$2,359)	(\$107,744)		(\$25,933)	\$23,274
	t Center Costs After Audit Adju	stments	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
	otal Nursing Facility Days	As Filed Days = 35,486	FY12 Audited C/R Days	35,486									
	otal Nursing Facility Days GL-F		FY 18 GL-PL Ins Rpt Days								34,000		
	Per Diems prior to Case Mix A		Ln 7/1 n 8 Col a	\$97.25	\$48.23	\$0.00	\$14.92	\$12.58	(with L&H)	\$11.55	\$1.16	\$8,15	\$0.66
	ase Period Facility Case Mix In		from 4 qtrs of FY12		1.3181				İ				
	outine Srvcs Case Mix Adjstd (Ln 9 / Ln 10		\$36.59								
3	Per Diems after Case Mix Adjst	· ·	RS = Ln 11, AllOthr = Ln 9		\$36.59	\$0.00	\$14.92	\$12.58		\$11.55	\$1.16	\$8.15	\$0.66
	Diem Standards (After Statewide		per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0,00	N/A	
	Period Case Mix Adjusted All		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
	erly Per Diem Rate Prior to A	ŀ										(FRV)	
š.	wth Allowance Percentage =	13,37%	En 14 x Grwth Allwnc %	\$10.10	\$4.89	\$0.00	\$1.99	\$1.68	\$0.00	\$1.54	N/A	N/A	N/A
	Allowed Per Diem (After Growth		Ln 14 + £n 15	\$95.47	\$41.48	\$0.00	\$16,91	\$14.26	\$0.00	\$13.09	\$1.16	\$7.91	\$0.66
	uarterly Facility Case Mix Index		per Current Qtr End		1.1851								
	rtrly Routine Srvcs Case Mix A		Ln 16 x Ln 17		\$49.16								
	rterly Medicaid CMA Allowed P	1	RS = Ln 18, AliOthr = Ln 16	\$103,15	\$49.16	\$0.00	\$16,91	\$14.26	\$0.00	\$13.09	\$1.16	\$7.91	\$0.66
1 .	erly Per Diem Add-on Amoun	1	Anna Barra Maria an										
	iency Add-on Per Diem ([Stnd		(see Policy Manual)	\$1,53	\$0.53	\$0.00	\$0.22	\$0,41	\$0.00	\$0,37		\$0.00	
- 1	S Add-on Per Diem =	2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.23	\$1.23						1		
		er Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$1.47	\$1.47								
4	sing Home Provider Fee		(Fixed Amount)	\$17,10			20.55			\$17,10	1 1		***
	l Quarterly Per Diem Add-on A erly Case Mix Based Per Dien		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
	eny Case MIX Based Per Dien erly Per Diem Rate for Bed Ho		£n 19 + Ln 24 (£n 25 - Ln 23) * 0,75	\$124.48 \$80.54	\$52,39	\$0,00	\$17.13	\$14.67	\$0,00	\$30.56	\$1,16	\$7.91	\$0.66
			(m153-0159) v.13	\$80.54									
27 Minimu	ım Quarterly Case Mix Based	f Per Diem Rate		\$147.00									
28 Quarte	erly Per Diem Rate for Bed He	old and Leave Days	(£n 27 - Ln 23) * 0.75	\$97,43									

Provid Prvdr			Qtr	dh Allowance; ly BIMS score	25.0%	Add-on Percent 13.37% 1.0% 2.0%		Quarterly !	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.1182 1.3205 1.3426	State- wide 1.3699 1.5138 1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a a	b	c	d	e	jączny f ącyty	g	g	iggiganiyi h payanggi	a, og t æg,
CAS	E MIX BASED RATE CALCULATIONS											
1 Ca	st 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 F	er Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90,0% 100,0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Ba	se Period Per Diem Allowed Amounts											
5 A	s Filed Cost Center Costs (Routine & Special Srvcs 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 A	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 C	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$3,264,435	\$1,392,804	so	\$386,517	\$203,433	\$227,305	\$552,851	\$7,203	\$463,359	\$30,963
8	Total Nursing Facility Days As Filed Days = 22,071	FY13 Audited C/R Days	22,071									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,145	FY 18 GL-PL Ins Rpt Days								26,145		
9 N	let Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col 2	\$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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9 / £n 10		\$56.44								
12 N	let Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = £n 11, AllOthr = £n 9		\$56.44	\$0.00	\$17.51	\$19.52		\$25,05	\$0,28	\$20.99	\$1.40
13 P	er Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$73.90	\$0.00	\$19.14	\$23.27		\$23.46	\$0.00	N/A	
	ase 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
1	arterly Per Diem Rate Prior to Add-ons											
- 1	Frowth Allowance Percentage = 13.4%	Ln 14 x Grwth Alfwnc % Ln 14 + 1n 15	\$15.64	\$7.55	\$0,00	\$2.34	\$2.61	\$0.00	\$3.14	N/A	N/A	N/A
16 C	MA Allowed Per Diem (After Growth Allowance Add-on)	per Current Qtr End	\$141.60	\$63,99	\$0.00	\$19.85	\$22.13	\$0.00	\$26.60	\$0.28	\$7.35	\$1.40
18	Quarterly Facility Case Mix Index for Medicaid Residents	En 16 x Ln 17		1.3426 \$85.91								
	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem tuarterly 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
Qu	arterly Per Diem Add-on Amounts											
	fficiency 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	
1	IMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0,86	\$0.86		-						
22 N	urse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.72	\$1.72								
23 N	ursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24 T	otal 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 Qu	arterly Case Mix Based Per Diem Rate	in 19 + in 24	\$184.36	\$89.02	\$0.00	\$20.07	\$22.54	\$0.00	\$43.70	\$0.28	\$7.35	\$1.40
26 Qu	arterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$125,45						***************************************			

Р	rovider: Pleasant View Nursing Center		Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	e Mix Index ((CMI) Data		Facility Specific	State- wide
P	rvdr ID: 00142546A Case Mix Per Diem Rate Effective Date:	10/1/2020		with Allowance;	N/A	13.37%			Overall CMI:		1.1323	1.3617
	MDS & Nurse Hrs Data per Quarter Ending:		r On-Site Day/Q	trly BIMS score uality Incentive:	38.6% 2.54	2.5% 2.0%	Ortrly Mcaid		Medicaid CMI: Wght Options:		1.2623 1.2823	1.5138 1.5405
Line	Description	Sources /	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
141.30			sec. 2	ъ	С	d	e 1111	o Mani	General	a	h	insurance
C	ASE MIX BASED RATE CALCULATIONS								9.11			
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	A. Filed DVID CID DVIDAGE DE DE										
5	As Filed Cost Center Costs (Routine & Special Stycs Combined) Audit Adjustments and Reallocations to Cost Center Costs	As Filed FY12 C/R -FY 2018 GL-PL Rpt FY12 C/R Audit Adjstmts	\$4,026,915	\$1,895,940	\$0	\$451,612	\$286,012	\$247,493	\$711,719	\$25,092	\$409,047	\$0
7	Cost Center Costs After Audit Adjustments	FY12 C/R Addit Adjstrits FY12 Audited C/R	(\$52,279) \$3,974,636	\$0 \$1,895,940	\$0 \$0	\$0 \$451,612	\$0 \$286,012	\$0 \$247,493	(\$86,136) \$625,583	\$25,092	\$5,825 \$414,872	\$28,032 \$28,032
8	Total Nursing Facility Days As Filed Days = 42,132	FY12 Audited C/R Days	42,132	\$1,093,940	\$0	\$451,012	\$200,012	\$247,493	\$620,563	\$25,092	\$414,872	\$28,032
*	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,362	FY 18 GL-PL ins Rpt Days	42,102							39,362		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	£n 7 / Ln 8 Col a	\$94.39	\$45.00	\$0.00	\$10.72	\$12.66	(with L&H)	\$14.85	\$0.64	\$9,85	\$0.67
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	11 //11	1,1323	*****	1.3	7.2.33	(*****	42/41
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 9 / Ln 10		\$39,74								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$23,09		\$20,56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or i,n 13	\$86.91	\$39.74	\$0.00	\$10.72	\$12.66		\$14.85	\$0.64	7.63	\$0.67
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$10,42	\$5,31	\$0,00	\$1.43	\$1,69	\$0.00	\$1,99	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$97.33	\$45.05	\$0.00	\$12.15	\$14.35	\$0.00	\$16.84	\$0.64	\$7.63	\$0.67
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2823		ļ l						
18		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
	Quarterly Per Diem Add-on Amounts											
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 Srvs)	Ln 19 Col b x CPS Add-on	\$1.44	\$1.44								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$1,16	\$1.16								
23 24	Nursing Home Provider Fee	(Fixed Amount) Sum of Lns 20 thru 23	\$17.10	** **	***	****		****	\$17.10		***	****
25	Total Quarterly Per Diem Add-on Amounts Quarterly Case Mix Based Per Diem Rate	£n 19 + Ln 24	\$21.23 \$131.28	\$3.13 \$60.90	\$0.00 \$0.00	\$0.22 \$12.37	\$0.41 \$14.76	\$0.00 \$0.00	\$17.47 \$34.31	\$0.00 \$0.64	\$0.00 \$7.63	\$0.00 \$0.67
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(£n 25 - £n 23) * 0.75	\$131.28	\$60.50	\$0.00	\$12.37	\$14.76	\$0.00	\$34.31	\$0.64	\$1.63	\$0.67
		VEH ZO - EN ZOJ - ONO										
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									

1	rovider: Porter Field H & R Ctr, LLC rodr ID: 00222582A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020		owth Allowance; htrly BIMS score	Facility Score N/A 50.7% 2.55	Add-on Percent 13,37% 5.5% 3,0%		Quarterly	CMI) Data d Overall CMI: Medicaid CMI: Wght Options;		Facility <u>Specific</u> 1.3070 1.5912 1.6218	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
			а	b	c	3555 d -5455		ilen f ilmi	g	g	h	Amelini terses.
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90,0% 100,0% \$0,53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100,0% \$0.41		50,0% 105.0% \$0,37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Stress Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,491,932	\$1,705,395	\$0	\$325,262	\$250,159	\$240,904	\$516,031	\$58,342	\$ 395,839	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$71,024)	\$0	\$0	\$0	\$0	\$0	(\$71,024)		(\$38,115)	\$38,115
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,420,908	\$1,705,395	\$0	\$325,262	\$250,159	\$240,904	\$445,007	\$58,342	\$357,724	\$38,115
8	Total Nursing Facility Days As Filed Days = 27,650	FY12 Audited C/R Days	27,650									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,351	FY 18 GL-Pl, Ins Rpt Days								27,351		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.19								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71,51	\$0.00	\$18.41	\$23,09		\$20.56	\$0,00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem Quarterly Per Diem Rate Prior to Add-ons	Lesser of En 12 or Ln 13	\$104.52	\$47.19	\$0.00	\$11.76	\$17.76		\$16.09	\$2.13	8,21 (FRV)	\$1,38
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwinc %	\$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	,	,	•		1.02	12.10	4	47.00
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.77								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = En 18, AllOthr = En 16	\$150.19	\$86.77	\$0.00	\$13.33	\$20.13	\$0,00	\$18.24	\$2.13	\$8,21	\$1.38
	Quarterly Per Diem Add-on Amounts											
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 Srvs)	Ln 19 Col b x CPS Add-on	\$4.77	\$4.77		,			1		13.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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			•				·		

1	rovider: Powder Springs Nurs. & Rehab. Ctr.		Add-on Data and		Facility Score	Add-on Percent	Cas	se Mix Index ((Facility Specific	State- wide
P	rvdr ID: 00530824A Case Mix Per Diem Rate Effective Date; MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020 06/30/20 Nurse Hours p		owth Allowance: Atrly BIMS score Auality Incentive;	29,9%	13,37% 1.0% 3.0%	Qrtrly Mcaio	Quarterly	d Overall CMI: Medicald CMI: Wght Options:		1.3795 1.8190 1.8513	1.3617 1.5138 1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
14,57			a	b	С	e d	е	green t oose	g	g	2940545 h -19809	es ve l eta (s
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105,0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Stycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$12,383,234	\$5,781,239	\$0	\$1,070,131	\$666,123	\$478,534	\$2,238,868	\$267,364	\$1,880,975	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$1,296,184)	(\$506,533)	\$0	(\$59,975)	\$371	\$45,785	(\$885,856)		(\$15,238)	\$125,262
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$11,087,050	\$5,274,706	\$0	1	\$666,494	\$524,319	\$1,353,012	\$267,364	\$1,865,737	\$125,262
8	Total Nursing Facility Days As Filed Days = 70,979	FY12 Audited C/R Days	70,979									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 65,423	FY 18 GL-PL ins Rpt Days								66,423		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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		<u>1.3795</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.87								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$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	\$1,76
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwac %	\$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	70.00		*		•20		412.10	*****
18	Ortrly Routine Srvcs 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
	Out to Be Discussed to											
20	Quarterly Per Diem Add-on Amounts 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 Srvs)	Ln 19 Col b x CPS Add-on	\$1.03	\$0.33 \$1.13	φυ.συ	90.22	90.41	\$0.00	\$0.01		.pu.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3,0% (to Routine Srvcs)	Ln 19 Col b x Sting 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					1	I	11		

1	Provider: Premier Estate of Dublin Prvdr ID: 00141281A		Add-on Data and Gre	Percentages	Facility Score N/A	Add-on Percent 13.37%	Cas	se Mix Index ((Base Perio	CMI) Data d Overall CMI:		Facility Specific 1,1528	State- wide 1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020 06/30/20 Nurse Hours p	er On-Site Day/C	trly BIMS score luality Incentive:	22.7% 3.10	1.0% 1.0%	Ortrly Meaid	Quarterly I CMI w RUG	Medicaid CMI: Wght Options:		1.5221 1.5486	1.5138 1.5405
Line		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	of the books	C	6000 d 0000	е	erio finales	g	g	hadaa haa	in Paris
(CASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	1 All Facilities	2 Free Standing	1 All Facilities	1 All Facilities	1 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			
2 3 4	Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0,53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5		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)	1 1	(\$9,773)	\$10,79
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	\$10,79
8	Total Nursing Facility Days As Filed Days = 20,520	FY12 Audited C/R Days	20,520				•			. ,	•	
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,818	FY 18 GL-PL Ins Rpt Days								35,818		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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	\$0.5
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.1528</u>								
11	Routine Szvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57,74								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$57.74	\$0.00	\$16.77	\$14,93		\$15.03	\$1.60	\$11,24	\$0.5
13	Per Diem Standards (After Statewide CMA for Routine Stress)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$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	\$15.77	\$14.93		\$15.03	\$1.60	7.85	\$0.5
,	Constitute Des Diese Deta Delevate Add and										(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwing %	\$13.97	\$7.72	\$0.00	\$2.24	\$2.00	\$0.00	\$2.01	N/A	N/A	N/A
16		Ln 14 + Ln 15	\$128.42	\$65.46	\$0,00	\$19,01	\$2.00 \$16.93	\$0.00	\$17.04	\$1.60	\$7.85	\$0.53
17	1	per Current Qtr End	\$120.4E	1.5486	45.00	,	\$,5.50		Ψ.,	750	\$1.03	\$5.50
18		En 16 x En 17		\$101.37								
19	, , ,	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
20	Quarterly Per Diem Add-on Amounts	(see Policy Manual)	64.50	60.50	\$0.00	\$0.22	66.44				00.00	
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) BIMS Add-on Per Diem = 1,0% (to Routine Srvs)	(see Policy Manual)	\$1.53 \$1.01	\$0.53 \$1.01	\$0.00	\$0.22	\$0,41	\$0.00	\$0,37		\$0.00	
22		En 19 Col b x Sting Add-on	\$1.01	\$1.01								
23		(Fixed Amount)	\$1.01	\$1.01					\$17.10			
24		Sum of Lns 20 thru 23	\$20,65	\$2.55	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0,00	\$0,00	\$0.00
25		Ln 19 + Ln 24	\$184.98	\$103.92	\$0.00	\$19.23	\$17.34	\$0.00	\$34.51	\$1,60	\$7.85	\$0.53
20	Quantity Case and Dased Let Digit Vale	LII 13 T LII 24	\$104.58	\$100.92	\$0.00	\$15,23	\$17,34	\$0.00	\$34.51	\$1.60	\$7.85	\$0.53
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$125.91									

Provider: Prvdr ID:	Presbyterian Home, Quitman, Inc. 00142579A Case Mix Per Diem Rate Effective Date MDS & Nurse Hrs Data per Quarter Ending			owth Allowance: atrly BIMS score	47.9%	Add-on <u>Percent</u> 13,37% 5,5% 3,0%			d Overall CMI; Medicaid CMI;		Facility <u>Specific</u> 1.1395 1.3392 1.3602	State- wide 1,3617 1,5138 1,5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b.	С	d	e ,	i jaga figara	g	g	1886 1886 h	in the large
1 Cost C	IIX BASED RATE CALCULATIONS enter Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facililies All Bed Sizes	1 All Facilities All Bed Sizes	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 3 Peer 4 Effici	roup Standards & Efficiency Measure Limits Group Standards: Percentile Group Standards: Mulliplier ency Measure Maximums (see line 20 for actual) eriod Per Diem Allowed Amounts	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			

\$150.95

State-

Facility

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

Facility

Add-on

1	vider. Presbyterian Village, Inc. dr ID: 00362832A	Walter Control of the		owth Allowance;	Score N/A	Percent 13.37%	Cas		d Overall CMI:		Specific 1.2644	wide 1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020 06/30/20 Nurse Hours	oper On-Site Day/C	Qtrly BIMS score Quality Incentive:	37.8% 5.55	2.5% 3.0%	Ortrly Meale	Quarterly CMI w RUG	Medicaid CMI; Wght Options:		1.6935 1.7257	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
2622 J.			а	b	(C)	dd	8	f.	9	g	h e	grego T (gred
LA	SE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90,0% 100,0% \$0,53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0,41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts	, , ,										
5	As Filed Cost Center Costs (Routine & Special Srycs 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)	1	(\$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 Srvcs	£n 7 / £n 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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.45								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23,09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of £n 12 or Ln 13	\$152.69	\$71,51	\$0,00	\$17.50	\$23.09		\$20.56	\$1.06	18.26 (FRV)	\$0.71
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$17.74	\$9.56	\$0.00	\$2.34	\$3.09	\$0,00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$170.43	\$81.07	\$0.00	\$19.84	\$26.18	\$0.00	\$23.31	\$1.06	\$18,26	\$0.71
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qir End		<u>1.7257</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$139,90								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$229.26	\$139.90	\$0.00	\$19.84	\$26.18	\$0.00	\$23.31	\$1.06	\$18.26	\$0,71
	Quarterly Per Diem Add-on Amounts											
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 = 2.5% (to Routine Srvs)	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 Srvcs)	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

\$177.89

(Ln 25 - Ln 23) * 0.75

i	Provider: Providence Healthcare of Sparta		Add-on Data and		Facility Score	Add-on Percent	Cas	se Mix Index (Facility Specific	State- wide
ŀ	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:			owth Allowance; Itrly BIMS score Juality Incentive;		13.37% 5.5% 3.0%	Qrtrly Meaid	Quarterly	d Overall CMI; Medicaid CMI; Wght Options:		1.2494 1.5677 1.5970	1,3617 1,5138 1,5405
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
227			a	b	C	d	e	t	g	g	h	aleisi nga
9	CASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90,0% 100,0% \$0,00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
		,					44		00.07			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Sives 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 Adistmts	(\$14,916)	(\$13,028)	\$0	\$200,250	\$1,992	\$2,279	(\$10,145)	\$40,376	(\$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		* -	,,	, ,			4 // (42.11,122	* (0,000
	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 Srvcs	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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9 / Ln 10		\$64.82								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$23,09		\$20.56	\$0.00	N/A	
14	•	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
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	646.45	#0.67	60.00	20.45	***					
16	Growth Allowance Percentage = 13.37% CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$16.43 \$151.10	\$8.67 \$73.49	\$0.00 \$0.00	\$2.15 \$18.24	\$2.86 \$24.26	\$0.00 \$0.00	\$2.75 \$23.31	N/A \$1.96	N/A \$8.72	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$151,10	1,5970	\$0.00	\$10.24	\$24,20	\$0.00	\$23.31	\$1.90	\$8.72	\$1.12
18		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
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1,16	\$0.53	\$0,00	\$0.22	\$0.41	\$0,00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	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 Srvcs)	Ln 19 Col b x Sting 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									

1 .	rovider: Providence Healthcare of Thomaston		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (0			Facility Specific	State- wide
1	rvdr ID: 00142612A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020 06/30/20 Nurse Hours p	-	owth Allowance: htrly BIMS score luality Incentive:	N/A 46.2% 3.34	13.37% 5.5% 2.0%	Qrlrly Mcaid	Quarterly	d Overall CMI: Medicaid CMI: Wght Options:		1.2794 1.5409 1.5680	1.3617 1.5138 1.5405
Line #	Description	Sources / Calculations	Totals	Rouline Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
				b	C	d	e	51681 1 0869	evene greener	g	(in the party)	allegations.
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 Ali Facilities Ali Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90,0% 100,0% \$0,00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srycs 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 Adjstmts FY12 Audited C/R	(\$287,496)	(\$4,808)	\$0	(\$7,404)	(\$2,349)	(\$2,205)	(\$32,361)		(\$259,981)	\$21,612
8	Cost Center Costs After Audit Adjustments Total Nursing Facility Days As Filed Days = 36,622	FY12 Audited C/R FY12 Audited C/R Days	\$4,018,399	\$2,253,279	\$0	\$478,679	\$321,645	\$302,059	\$563,439	\$42,930	\$34,756	\$21,612
0	Total Nursing Facility Days As Filed Days = 36,622 Total Nursing Facility Days GL-PL Ins. Rot As Filed Days = 31,325	FY 18 GL-PL Ins Rot Days	36,622							31,325		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7/Ln 8 Col a	\$109.93	\$61.53	\$0.00	\$13.07	\$17.03	(with L&H)	\$15,39	\$1,325	\$0,95	\$0,59
10	Base Period Facility Case Mix Index for All Residents	from 4 gtrs of FY12	\$105.50	1.2794	\$0.00	\$10.07	J17.03	Ima co y	\$10.03	\$1.57	\$0,55	90,09
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$48.09								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71,51	\$0.00	\$18,41	\$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
	Quarterly Per Diem Rate Prior to Add-ons										, ,	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$12.52	\$6.43	\$0,00	\$1.75	\$2.28	\$0.00	\$2.06	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$115.60	\$54.52	\$0.00	\$14.82	\$19.31	\$0.00	\$17.45	\$1.37	\$7.54	\$0.59
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5680								
18 19	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	£n 16 x Ln 17 RS = Ln 18, AllOthr = Ln 16	\$146.57	\$85.49 \$85.49	\$0.00	\$14.82	\$19,31	\$0,00	\$17.45	\$1.37	\$7.54	\$0.59
	Quarterly Per Diem Add-on Amounts											
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 Srvs)	Ln 19 Col b x CPS Add-on	\$4.70	\$4.70								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Sling 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	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$171.61	\$92.43	\$0.00	\$15.04	\$19.72	\$0,00	\$34.92	\$1.37	\$7.54	\$0.59
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$115.88									

Provider: PruittHealth - Ashburn, LLC Prvdr ID: 00140104A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020	Add-on Data and Percentages Growth Allowance: Qtrly BIMS score lurse Hours per On-Site Day/Quality Incentive:			Add-on Percent 13,37% 1,0% 3,0%	100	e Mix Index (0 Base Perio Quarterly i I CMI w RUG 1	Facility <u>Specific</u> 1.3806 1.7643 1.7984	State- wide 1.3617 1.5138 1.5405		
Line # Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		a	b	- C	d	•	1	g	g	1940aya h . 199	987 mg 1 498,409
CASE MIX BASED RATE CALCULATIONS											
1 Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90,0% 100.0% \$0.22	85.0% 100.0% \$0,41		50.0% 105.0% \$0.37			
Base Period Per Diem Allowed Amounts 5 As Filed Cost Center Costs (Routine & Special Stress 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 7 Cost Center Costs After Audit Adjustments	FY12 C/R Audit Adjstmts FY12 Audited C/R	(\$55,603) \$3,536,361	(\$11,693) \$1,908,845	\$0 \$0	\$0 \$327,040	\$1,933 \$243,918	\$1,059 \$230,286	(\$59,591) \$430,559	\$182,854	(\$23,561) \$187,609	\$25,250 \$25,250
8 Total Nursing Facility Days As Filed Days = 24,869	FY12 Audited C/R Days	24,869	V 1,000,010	,	, , , , ,		4200,200	4,00,000	\$ 102,00 V	V107,000	420,200
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 Srvcs	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		<u>1.3806</u>								
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.60								
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Stross)	per Peer Group Limits		\$71.51	\$0,00	\$18.41	\$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
Quarterly Per Diem Rate Prior to Add-ons											
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 <u>Case Mix Index</u> for Medicaid Residents 18 Qrtrly Routine Srycs Case Mix Adistd (CMA) Net Per Diem	per Current Qtr End		1.7984								
18 Qritrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem 19 Quarterly Medicaid CMA Allowed Per Diem	En 16 x En 17 RS = En 18, AllOlhr = En 16	\$187.39	\$113.35 \$113.35	\$0.00	\$14.91	\$21.62	\$0.00	\$19.62	\$7.95	\$8,92	\$1.02
Quarterly Per Diem Add-on Amounts											
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 Srvs)	Ln 19 Col b x CPS Add-on	\$1.13	\$1,13				7			73.30	
22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting 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				·					

State-

Facility

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

Facility

Add-on

P	rovider: PruittHealth - Athens Heritage, LLC	_	Add-on Data and Percentages			Percent	Cas	ie Mix Index (0	Specific	wide		
P	rvdr ID: 00141391A Case Mix Per Diem Rate Effective Date; MDS & Nurse Hrs Data per Quarter Ending;	10/1/2020 06/30/20 Nurse Hours		owth Allowance; http://discore Quality Incentive:	14.7%	13.37% 0.0% 3.0%	Qrtrfy Mcaic	Quarterly	d Overall CMI: Medicaid CMI: Wght Options:		1.6031 1.6209 1.6503	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	7 C	d d	e	10000 1 0000	g	g	egerjage af hi storiege eg	<u> </u>
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Stycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	t \$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 Adjstmts	(\$152,415)	(\$3,216)	\$0	(\$776)	(\$18,081)	(\$16,890)	(\$96,300)		(\$132,263)	\$115,111
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,373,973	\$3,242,900	\$0	\$538,111	\$516,681	\$473,717	\$881,671	\$250,221	\$355,561	\$115,111
8	Total Nursing Facility Days As Filed Days = 33,807	FY12 Audited C/R Days	33,807	ALL ALL ALL ALL ALL ALL ALL ALL ALL ALL								
:	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,536	FY 18 GL-PL Ins Rpt Days								33,536		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Cot 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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	[,n 9 / [,n 10		\$59.83								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$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	\$3.40
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$15.97	\$8,00	\$0,00	\$2.13	\$3.09	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$163.42	\$67.83	\$0.00	\$18.05	\$26.18	\$0.00	\$23,31	\$7.46	\$17.19	\$3.40
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.6503</u>								1
18	Qrirly Routine Srvcs 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
	Quarterly Per Diem Add-on Amounts											
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 Srvs)	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 Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.36	\$3.36								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.21	\$3.89	\$0.00	\$0.22	\$0.00	\$0,00	\$17,10	\$0.00	\$0.00	\$0.00
			<u> </u>	·	1	1		· · · · · · · · · · · · · · · · · · ·	1	1	I	

25 Quarterly Case Mix Based Per Diem Rate

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$228.74

\$158.73

\$115.83

\$0.00

\$18.27

\$26.18

\$0.00

\$40.41

\$7.46

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

\$17.19

\$3,40

Provider:	PruittHealth - Augus	sta		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State- wide
Prvdr ID:	00059463A	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020 06/30/20	Growth Allowance; Qtrly BIMS score Nurse Hours per On-Site Day/Quality Incentive;	N/A 16.7% 3.85	13.37% 0.0% 3.0%	Base Period Overall CMI: Quarterly Medicaid CMI: Qrtrly Mcaid CMI w RUG Wght Options:	1.4445 1.5712 1.5990	1.3617 1.5138 1.5405
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Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		а	b	С	d d	е	f	g	g	h	24500 1 0960
CASE MIX BASED RATE CALCULATIONS											
1 Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90,0% 100.0% \$0.22	85,0% 100.0% \$0,41		50.0% 105.0% \$0.37			
Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs Combined) Audit Adjustments and Reallocations to Cost Center Costs Cost Center Costs After Audit Adjustments	As Filed FY12 C/R -FY 2018 GL-PL Rpt FY12 C/R Audit Adjstmts FY12 Audited C/R	\$5,463,847 (\$115,918) \$5,347,929	\$3,001,248 (\$2,185) \$2,999,063	\$0 \$0 \$0	\$503,836 (\$1,176) \$502,660	\$318,357 \$0 \$318,357	\$274,569 \$264 \$274,833	\$754,359 (\$104,260) \$650,099	\$240,597 \$240,597	\$370,881 (\$54,548)	\$45,987
8 Total Nursing Facility Days As Filed Days = 33,329 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,845 9 Net Per Diems prior to Case Mix Adistmt to Routine Srvcs	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days Ln 7 / Ln 8 Cot a	33,329 \$161.30	\$89.98	\$0.00	\$502,860	\$316,357	\$214,633 (with L&H)	\$650,039	\$240,597 29,845 \$8.06	\$316,333 \$9.49	\$45,987 \$1.38
10 Base Period Facility <u>Case Mix Index</u> for All Residents 11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	from 4 qtrs of FY12 Ln 9 / Ln 10	\$101.50	<u>1.4445</u> \$62.29				(with Latty			,	-
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs 13 Per Diem Standards (After Statewide CMA for Routine Srvcs) 14 Base Period Case Mix Adjusted Allowed Per Diem	RS = Ln 11, AllOthr = Ln 9 per Peer Group Limits Lesser of Ln 12 or Ln 13	\$133.48	\$62.29 \$71.51 \$62.29	\$0,00 \$0.00 \$0.00	\$15,08 \$18,41 \$15,08	\$17.80 \$23,09 \$17.80		\$19.51 \$20.56 \$19.51	\$8,06 \$0.00 \$8,06	\$9.49 N/A 9.36	\$1.38 \$1.38
Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15 Growth Allowance Percentage = 13.37% 16 CMA Allowed Per Diern (After Growth Allowance Add-on) 17 Quarterly Facility Case Mix Index for Medicaid Residents 18 Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diern	Ln 14 x Grwth Allwnc % Ln 14 + Ln 15 per Current Qtr End Ln 15 x Ln 17	\$15.34 \$148,82	\$8.33 \$70,62 <u>1.5990</u> \$112,92	\$0.00 \$0.00	\$2.02 \$17.10	\$2.38 \$20.18	\$0,00 \$0.00	\$2.61 \$22.12	N/A \$8.06	N/A \$9.36	N/A \$1.38
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlhr = Ln 16	\$191.12	\$112,92	\$0,00	\$17,10	\$20.18	\$0.00	\$22.12	\$8.06	\$9.36	\$1.38
Quarterfy Per Diem Add-on Amounts Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	(see Policy Manual)	\$1.53 \$0.00	\$0.53 \$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) 23 Nursing Home Provider Fee 24 Total Quarterly Per Diem Add-on Amounts	Ln 19 Col b x Sting Add-on (Fixed Amount) Sum of L.ns 20 thru 23	\$3,39 \$17.10 \$22.02	\$3,39 \$3,92	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10 \$17,47	\$0.00	\$0.00	\$0.0
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	\$1.3
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$147.03		1			,		í		1

State-

Facility

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

Facility

Add-on

Provide		_	Add-on Data and		Score	Percent_	Cas	se Mix Index (C		Specific	wide_		
Prvdr II	D: 00059276A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020 06/30/20 Nurse Hours				13.37% 1.0% 3.0%	Ortrly Moaid		d Overall CMI: Medicaid CMI: Wght Options:		1.5684 1.5587 1.5884	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	
			а	b	С	d d	е	f.	g	g	h	ing and it was	
	E MIX BASED RATE CALCULATIONS												
1 Cos	st 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 Pe	er Group Standards & Efficiency Measure Limits der Group Standards: Percentile der Group Standards: Multiplier fficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90,0% 100,0% \$0,00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105,0% \$0,37			**************************************	
Bas	se Períod Per Diem Allowed Amounts												
	s Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpl	41,122,221	\$3,697,715	\$0	\$704,234	\$617,896	\$360,843	\$1,076,394	\$298,340	\$664,835	\$0	
	udit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$129,239)	(\$8,087)	\$0	(\$798)	(\$1,751)	1	(\$115,646)		(\$98,311)	\$96,489	
	ost 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	
	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			
-	et Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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	
ŀ	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.5684									
	Routine Srvcs Case Mix Adjatd (CMA) Net Per Diem	En 9 / En 10 RS = En 11, AllOthr = En 9		\$56,81	***	040.00	***		****	47.77			
1	et Per Diems after Case Mix Adjstmt to Routine Srvcs	per Peer Group Limits		\$56.81	\$0,00	\$16.99	\$23.57		\$23,20	\$7.22	\$13.68	\$2.33	
	er Diem Standards (After Statewide CMA for Routine Srvcs) ase Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$142.01	\$71.51 \$56.81	\$0.00 \$0.00	\$18,41 \$16,99	\$23.09 \$23.09		\$20.56	\$0,00	N/A		
	·	20300 01 20 12 01 10	\$142,01	.p.c.,61	\$0.00	\$10.55	\$23.09		\$20.56	\$7.22	15.01 (FRV)	\$2,33	
1	arterly Per Diem Rate Prior to Add-ons rowth 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	
	MA 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	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.31									
19 Qu	uarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AilOthr = Ln 16	\$195.62	\$102.31	\$0,00	\$19.26	\$26.18	\$0.00	\$23,31	\$7.22	\$15.01	\$2.33	
Qua	arterly Per Diem Add-on Amounts												
20 Ef	fficiency 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		
1	IMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.02	\$1.02									
	urse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.07	\$3.07									
	ursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24 To	otal 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 Qua	arterly Case Mix Based Per Diem Rate	En 19 + Ln 24	\$217.56	\$10 6 .93	\$0.00	\$19.48	\$26.18	\$0.00	\$40.41	\$7.22	\$15.01	\$2.33	
26 Qua	arterly 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

Facility

Add-on

	Provider: PruittHealth - Blue Ridge, LLC Prvdr ID: 00140973A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020		owth Allowance: Otrly BIMS score	45,0%	Add-on Percent 13.37% 5.5% 3.0%		Quarterly	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.5336 1.3113 1.3330	State- wide 1.3617 1.5138 1.5405
Lin #	Dorednian	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	bb	C.	o d	e	f	g	g	Page 19 has seen	i gadaj i page
1	CASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	***************************************		
2 3 4	Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90,0% 100,0% \$0,00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpl	\$5,508,415	\$3,018,964	\$0	\$521,660	\$383,347	\$380,977	\$819,937	\$243,003	\$140,527	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$130,716)	(\$8,065)	\$0	(\$1,169)	(\$13,877)	(\$14,537)	(\$87,679)		(\$46,929)	\$41,540
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,377,699	\$3,010,899	\$0	\$520,491	\$369,470	\$366,440	\$732,258	\$243,003	\$93,598	\$41,540
8	Total Nursing Facility Days As Filed Days = 35,332	FY12 Audited C/R Days	35,332									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,945	FY 18 GL-PL Ins Rpt Days								34,945		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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							ĺ	
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.57							İ	
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0,00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of La 12 or La 13	\$127.79	\$55.57	\$0.00	\$14.73	\$20.83		\$20,56	\$6.95	7.97 (FRV)	\$1.18
	Quarterly Per Diem Rate Prior to Add-ons											
15		Ln 14 x Grwih Allwnc %	\$14.93	\$7.43	\$0.00	\$1.97	\$2.78	\$0.00	\$2.75	N/A	N/A	N/A
16		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		<u>1.3330</u>						1	İ	
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$83.98						1		
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
	Quarterly Per Diem Add-on Amounts										•	
	1		4	1	1			I	1	4 7	i contraction of the contraction	1 1

\$1.16

\$4.62

\$2.52

\$17.10

\$25.40

\$189.10

\$129,00

\$0,53

\$4.62

\$2.52

\$7.67

\$91.65

\$0.00

\$0.00

\$0.00

\$0.22

\$0,22

\$16.92

\$0.41

\$0,41

\$24.02

\$0,00

\$0.00

\$0.00

\$0.00

\$17.10

\$17.10

\$40.41

\$0.00

\$6.95

\$0.00

\$0.00

\$7.97

\$0.00

\$1.18

(see Policy Manual)

Ln 19 Col b x CPS Add-on

Ln 19 Col b x Stfng Add-on

(Fixed Amount)

Sum of Lns 20 thru 23

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0,75

5.5% (to Routine Srvs)

20

21

22

23

24

Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)

Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)

BIMS Add-on Per Diem =

Nursing Home Provider Fee

Total Quarterly Per Diem Add-on Amounts

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

25 Quarterly Case Mix Based Per Diem Rate

1	Provider: PruittHealth - Brookhaven		Add-on Data and		Facility Score	Add-on Percent	Cas	se Mix Index ((Facility Specific	State- wide
F	Prvdr ID: 00140115A Case Mix Per Diem Rate Effective Date:	10/1/2020	C	owth Allowance: Urly BIMS score	25.0%	13.37% 1.0%		Quarterly	d Overall CMI; Medicaid CMI;		1.6566 1.7361	1.3617 1.5138
	MDS & Nurse Hrs Data per Quarter Ending:	06/30/20 Nurse Hours j	per On-Site Day/C	Quality Incentive:	4.00	2.0%	Ortrly Moald	CMI w RUG	Wght Options:		1.7665	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
			а	b	o c	d	e	f	g	g	h	gaiga r a at
<u>c</u>	CASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpl	\$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									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 53,128	FY 18 GL-PL Ins Rpt Days	0400.44	6446.44	***	***				53,128		
10	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	from 4 qtrs of FY12	\$199.11	\$113,14	\$0,00	\$18.06	\$20.81	(with L&H)	\$24.47	\$7.11	\$13.17	\$2,35
11		Ln 9 / Ln 10		<u>1.6566</u> \$68.30								
12	, , ,	RS = Ln 11. AllOthr = Ln 9		\$68.30	\$0.00	\$18.06	\$20,81		\$24,47	\$7.11	\$13,17	\$2.35
13	•	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20,56	\$0.00	\$13.17 N/A	\$2.33
14	,	Lesser of Ln 12 or Ln 13	\$148,95	\$68.30	\$0.00	\$18.06	\$20,81		\$20,56	\$7.11	11.76	\$2.35
				·						,,,,,	(FRV)	*
45	Quarterly Per Diem Rate Prior to Add-ons	Ln 14 x Grwth Allwing %	047.07	A0.40	40.00		** 7*	***				
15 16	5 —	Ln 14 + Ln 15	\$17.07 \$166.02	\$9.13 \$77.43	\$0.00 \$0.00	\$2.41 \$20,47	\$2,78 \$23,59	\$0.00 \$0.00	\$2.75 \$23.31	N/A	N/A	N/A
17	CMA Allowed Per Diem (After Growth Allowance Add-on) Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$100.02	1.7665	\$0,00	\$20,47	\$23.59	\$0.00	\$∠3.31	\$7.11	\$11.76	\$2.35
18		Ln 16 x Ln 17		\$136,78								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$225.37	\$136.78	\$0.00	\$20.47	\$23,59	\$0.00	\$23.31	\$7.11	\$11.76	\$2,35
	Quarterly Per Diam Add on Amounts											
20	Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem ((Stnd - Afwd) 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 Srvs)	Ln 19 Col b x CPS Add-on	\$1.10	\$1,37	₩0.00	\$0.22	ψυ,41	50.00	\$0.00			
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting 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			I			1	<u> </u>		

Facility Add-on Facility State-Pruitt Covington Provider: Score Percent Specific Add-on Data and Percentages Case Mix Index (CMI) Data __wide_ Prvdr ID: 00265196A Growth Allowance: N/A 13.37% Base Period Overall CMI: 1.3923 1.4014 Case Mix Per Diem Rate Effective Date: 10/1/2020 Qtrly BIMS score 35.9% 2.5% Quarterly Medicaid CMI: 1.6433 1.5138 MDS & Nurse Hrs Data per Quarter Ending: 06/30/20 Nurse Hours per On-Site Day/Quality Incentive; 3.68 3.0% Ortrly Meald CMI w RUG Waht Options: 1.6738 1.5405 Plant Admin Property Taxes Routine A&G- GL-PL Special Laundry & Line Sources / Totals Dietary Operators and and and Description Services Services Houskona Insurance # Calculations & Maint General Related Insurance ь. d a C h: g CASE MIX BASED RATE CALCULATIONS Cost Center Peer Groups (see Policy Manual) 2 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 Peer Group Standards: Percentile (see Policy Manual) 90.0% 90.0% 90.0% 85.0% 50.0% Peer Group Standards: Multiplier (see Policy Manual) 100.0% 100.0% 100.0% 100.0% 105.0% Efficiency Measure Maximums (see line 20 for actual) (see Policy Manual) \$0.53 \$0.00 \$0.22 50 41 \$0.37 Base Period Per Diem Allowed Amounts As Filed FY 14 C/R - FY 18 GL-PL Rpt 5 As Filed Cost Center Costs (Routine & Special Srvcs Combined) \$4,350,870 \$2,108,885 \$444,031 \$338,422 \$0 \$256,227 \$654,103 \$170,824 \$378,378 \$0 FY14 C/R Audit Adistmts 6 Audit Adjustments and Reallocations to Cost Center Costs (\$101,487 \$0 \$0 \$0 \$0 (\$101,428) (\$40,593)\$40,534 7 Cost Center Costs After Audit Adjustments FY14 Audited C/R \$4,249,383 \$2,108,885 \$0 \$444,031 \$256,227 \$338,422 \$552,675 \$170,824 \$337,785 \$40,534 8 Total Nursing Facility Days As Filed Days = 25,202 FY14 Audited C/R Days 25.202 FY 18 GL-PL Ins Rpt Days Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,191 24,191 9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Ln 7 / Ln 8 Col a \$168.90 \$83.68 \$0.00 \$17.62 \$23.60 (with L&H) \$21.93 \$7.06 \$13,40 \$1.61 10 from 4 gtrs of FY10 Base Period Facility Case Mix Index for All Residents 1.3923 11 Ln 9 / Ln 10 \$60.10 Routine Srvcs Case Mix Adistd (CMA) Net Per Diem 12 RS = Ln 11, AllOthr = Ln 9 Net Per Diems after Case Mix Adjstmt to Routine Srvcs \$60.10 \$0.00 \$17.62 \$23,60 \$21.93 \$7.06 \$13.40 \$1.61 13 Per Diem Standards (After Statewide CMA for Routine Srvcs) per Peer Group Limits \$73,31 \$0.00 \$19.52 \$23.55 \$24.02 \$0.00 N/A Lesser of Ln 12 or Ln 13 14 Base Period Case Mix Adjusted Allowed Per Diem \$142,45 \$60.10 \$0.00 \$17.62 \$23.55 \$21.93 \$7.06 10.58 \$1.61 (FRV) Quarterly Per Diem Rate Prior to Add-ons 15 Ln 14 x Grwth Ailwnc % Growth Allowance Percentage = 13,4% \$16,48 \$8,04 \$0.00 \$2,36 \$3.15 \$0.00 \$2.93 N/A N/A N/A 16 CMA Allowed Per Diem (After Growth Allowance Add-on) Ln 14 + Ln 15 \$158.93 \$68.14 \$0.00 \$19.98 \$26.70 \$0.00 \$24.86 \$7.06 \$10.58 \$1.61 17 Quarterly Facility Case Mix Index for Medicaid Residents per Current Qtr End 1.6738 18 Ortrly Routine Srycs Case Mix Adistd (CMA) Net Per Diem In 16 x In 17 \$114.05 19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$114.05 \$0.00 \$19.98 \$26.70 \$204.84 \$0.00 \$24.86 \$7.06 \$10.58 \$1,61 Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0) 20 (see Policy Manual) \$0.53 \$0.00 \$0.22 \$0.00 \$0.00 \$0.37 \$1.12 \$0.00 21 2.5% (to Routine Srvs) Ln 19 Col b x CPS Add-on BIMS Add-on Per Diem = \$2.85 \$2.85

Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)

22

23

24

Nursing Home Provider Fee

Total Quarterly Per Diem Add-on Amounts

Quarterly Per Diem Rate for Bed Hold and Leave Days

Quarterly Case Mix Based Per Diem Rate

\$3,42

\$17.10

\$24.49

\$229.33

\$159.17

\$3.42

\$6.80

\$120.85

\$0.00

\$0.00

\$0.22

\$20.20

Ln 19 Col b x Stfng Add-on

(Fixed Amount)

Sum of Lns 20 thru 23

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

\$0.00

\$10.58

\$0.00

\$1.61

\$17.10

\$17,47

\$42.33

\$0.00

\$7.06

\$0.00

\$26.70

\$0.00

\$0.00

Facility Add-on Facility State-PruittHealth - Crestwood Provider: Add-on Data and Percentages Score Percent Specific wide Case Mix Index (CMI) Data Prvdr ID: 00140764A Base Period Overall CMI: Growth Allowance: N/A 13,37% 1.5323 1.3617 Case Mix Per Diem Rate Effective Date; 10/1/2020 Qtrly BIMS score 53,1% 5.5% Quarterly Medicaid CMI: 1.5928 1,5138 MDS & Nurse Hrs Data per Quarter Ending: 06/30/20 Nurse Hours per On-Site Day/Quality Incentive: 3,38 3.0% Ortrly Moaid CMI w RUG Wight Options: 1.6241 1,5405 Plant Admin Property Taxes Routine Special Laundry & A&G- GL-PL

Line Description	Sources / Calculations	Totals	Services	Services	Dietary	Houskpag	Operatns & Maint	and General	Insurance	and Related	and Insurance
		a	b	С	d	е	or of the S	g	g	h	1000 lesers
CASE MIX BASED RATE CALCULATIONS											
Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90,0% 100,0% \$0,53	90,0% 100,0% \$0,00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Base Period Per Diem Allowed Amounts											
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,133,947	\$2,380,708	\$0	\$373,027	\$246,648	\$217,126	\$554,254	\$190,072	\$172,112	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$74,729)	(\$6,607)	\$0	(\$1,240)	(\$287)	(\$1,099)	(\$65,329)		(\$24,958)	\$24,791
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,059,218	\$2,374,101	\$0	\$371,787	\$246,361	\$216,027	\$488,925	\$190,072	\$147,154	\$24,791
8 Total Nursing Facility Days As Filed Days = 26,925	FY12 Audited C/R Days	26,925									
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,297	FY 18 GL-PL Ins Rpt Days								25,297		
Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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		<u>1.5323</u>								
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.54								
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AilOthr = 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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Łn 12 or Ln 13	\$123.55	\$57.54	\$0,00	\$13.81	\$17.17		\$18.16	\$7.51	8.44 (FRV)	\$0.92
Quarterly Per Diem Rate Prior to Add-ons										(A) tl	
15 Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwac %	\$14.27	\$7.69	\$0,00	\$1.85	\$2.30	\$0.00	\$2.43	N/A	N/A	N/A
16 CMA Allowed Per Diern (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 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.94								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlhr = Ln 16	\$178.53	\$105.94	\$0.00	\$15,66	\$19.47	\$0.00	\$20.59	\$7.51	\$8.44	\$0.92
Quarterly Per Diem Add-on Amounts											
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 Srvs)	Lл 19 Col b x CPS Add-on	\$5.83	\$5.83								
22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Coi b x Stfng Add-on	\$3.18	\$3.18								
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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	l.n 19 + l.n 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

\$141.80

	Provider.	PruittHealth - Deca	atur		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State- wide
	Prvdr ID;	00252942A	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020 06/30/20	Growth Allowance; Qtrly BIMS score Nurse Hours per On-Site Day/Quality Incentive;	N/A 31.2% 3.70	13.37% 2.5% 2.0%	Base Period Overall CMI; Quarterly Medicaid CMI; Qrirly Mcaid CMI w RUG Wght Options;	1.4114 1.6627 1.6918	1.3617 1.5138 1.5405
Lin	e			Soi	urces / Totals Routine	Special	Dietary	Laundry & Plant Admin A&G-GL-	PL Property	Taxes

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskprig	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
94.9			а	b	C	d	e	f	g	g	1990 h 1990 (19	21.200 1 755 6
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,512,345	\$4,785,707	\$0	\$685,216	\$560,740	\$447,601	\$1,146,606	\$351,272	\$534,203	\$0
6 7	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts FY12 Audited C/R	(\$160,012)	(\$1,918)	\$0 \$0	\$0	\$0	\$0	(\$157,824)		(\$76,999)	\$76,729
8	Cost Center Costs After Audit Adjustments Total Nursing Facility Days As Filed Days = 49,032	FY12 Audiled C/R Days	\$8,352,333 49,032	\$4,783,789	\$0	\$686,216	\$560,740	\$447,601	\$988,782	\$351,272	\$457,204	\$76,729
٥	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 49,032	FY 18 GL-PL Ins Rpt Days	49,032							40.404		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$170,28	\$97.56	\$0.00	\$14.00	\$20.56	(with L&H)	\$20.17	49,404 \$7.11	\$9.32	\$1.56
10	Base Period Facility Case Mix Index for All Residents	from 4 gtrs of FY12	\$170.20	1.4114	\$0.00	\$14.00	\$20,56	(WILL LOID)	\$20.17	\$7.11	\$9,32	\$1,30
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.13								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	\$1,50
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	\$1,56
	·		•		*	•	******		1	*****	(FRV)	*****
	Quarterly Per Diem Rate Prior to Add-ons											
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 18	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End Ln 16 x Ln 17		1,6918								
19	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$218.88	\$132.59	60.00	045.07	000.04		200.07	97.44	445.57	
19	Quarterly Medicaid CMA Allowed Per Diem	KS - LII 16, AIOIII - LII 16	\$218.88	\$132,59	\$0,00	\$15.87	\$23.31	\$0.00	\$22.87	\$7.11	\$15,57	\$1.56
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] 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 Srvs)	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 Srvcs)	Ln 19 Col b x Sting 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 + ៤រា 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			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				•		

1	ider: PruittHealth-Eastside	Ad	d-on Data and F		Facility Score	Add-on Percent	Cas	e Mix Index ((Facility Specific	State- wide
Prvo	Ir ID: 00140687A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020 06/30/20 Nurse Hours per (Qtr	with Allowance; rly BIMS score ality Incentive:	N/A 29.5% 3.28	13.37% 1.0% 2.0%	Ortrly Mcaid	Quarterly !	d Overall CMI; Medicaid CMI; Nght Options:		Use Stwde 1,4275 1,4526	1,4014 1,5138 1,5405
Line #	Description	Sources <i>I</i> Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
CA	CE MIY DACED DATE CALCUL ATIONS		a	b	esesi c ingi	d	.:4-e 4.	Townfilestyr	g		<u> (jago jera jerhum svojenoja</u>	<u> </u>
	SE MIX BASED RATE CALCULATIONS 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 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed 12/31/14 C/R - FY 18 GL-PL Rpt	\$2,831,833	1	\$0	\$230,025	\$182,842	\$208,077	\$647,837	\$216,538	\$71,558	\$0
6 7 8	Audit Adjustments and Reallocations to Cost Center Costs Cost Center Costs After Audit Adjustments Total Nursing Facility Days As Filed Days = 13,874	12/31/14 C/R Audit Adjstmts 12/31/14 Audited C/R 12/31/14 Audited C/R Days	(\$269,785) \$2,562,048 13,874		\$0 \$0	\$0 \$230,025	\$0 \$182,842	\$0 \$208,077	(\$269,785) \$378,052	\$216,538	(\$16,881) \$54,677	\$16,881 \$16,881
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,369 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Base Period Facility <u>Case Mix Index</u> for All Residents	FY 18 GL-PL Ins Rpt Days Ln 7 / Ln 8 Col a from 4 qtrs of FY10	\$177.28	\$91.90 <u>1.4014</u>	\$0.00	\$16.58	\$28.18	(with L&H)	\$27.25	26,369 \$8.21	\$3.94	\$1.22
11 12 13	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Net Per Diems after Case Mix Adjstmt to Routine Srvcs Per Diem Standards (After Statewide CMA for Routine Srvcs)	Ln 9 / Ln 10 RS = Ln 11, AliOthr = Ln 9 per Peer Group Limits		\$65,58 \$65,58 \$73,31	\$0.00 \$0.00	\$16.58 \$19.52	\$28.18 \$23.55		\$27.25 \$24.02	\$8.21	\$3.94 N/A	\$1.22
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
15 16 17 18	Growth Allowance Percentage = 13.4% CMA Allowed Per Diem (After Growth Allowance Add-on) Quarterly Facility Case Mix Index for Medicald Residents	Ln 14 x Grwth Allwnc % Ln 14 + Ln 15 per Current Qtr End	\$17.35 \$167.80	\$8.77 \$74.35 <u>1.4526</u>	\$0.00 \$0.00	\$2.22 \$18.80	\$3.15 \$26.70	\$0.00 \$0.00	\$3.21 \$27.23	N/A \$8.21	N/A \$11.29	N/A \$1.22
19	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	Ln 16 x Ln 17 RS = €n 18, AllOlhr = Ln 16	\$201.45	\$108.00 \$108.00	\$0.00	\$18.80	\$26.70	\$0.00	\$27.23	\$8.21	\$11.29	\$1.22
20 21 22	(uarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem ((Stnd - Alved) x .75, up to max, or 0) BIMS Add-on Per Diem = 1.0% (to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	(see Policy Manual) Ln 19 Col b x CPS Add-on Ln 19 Col b x Stfng Add-on	\$0,75 \$1.08 \$2.16	\$0.53 \$1.08 \$2.16	\$0,00	\$0.22	\$0.00	\$0,00	\$0.00		\$0.00	
23 24	Nursing Home Provider Fee Total Quarterly Per Diem Add-on Amounts	(Fixed Amount) Sum of Lns 20 thru 23	\$17.10 \$21.09	\$3,77	\$0.00	\$0.22	\$0,00	\$0.00	\$17,10 \$17,10	\$0,00	\$0.00	\$0.00
25 C	luarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$222.54	\$111.77	\$0.00	\$19.02	\$26.70	\$0.00	\$44.33	\$8.21	\$11.29	\$1.22
26 C	uarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - l.n 23) * 0.75	\$154.08									

	Provider: Prvdr ID:	PruittHealth - Fairburn, LLC 00142997A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020	Add-on Data and Percer Growth Al Qtrly Bill per On-Site Day/Quality I	lowance; N/A AS score 20.0%				d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.4922 1.6371 1.6668	State- wide 1.3617 1.5138 1.5405
	Line #	Description	Sources / Calculations	al Carlo I atala mas basis co	utine Special vices Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
ŀ	tras section			а	b c	d	е	f	g	g	egypte hand (i)	1 1966 1 0 400
	1 Cost C	IIX BASED RATE CALCULATIONS enter Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1	2 s Free Standing s All Bed Sizes		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	2 Peer 3 Peer	roup Standards & Efficiency Measure Limits Group Standards: Percentile Group Standards: Multiplier ency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)	10	0.0% 90.0% 0.0% 100.0% 0.53 \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			

<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85,0%		50.0%			
3	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
"	Lindency measure waxinums (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 Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,504,987	\$2,992,534	\$0	\$468,427	\$298,723	\$327,561	\$818,722	\$197,290	\$401,730	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$106,459)	\$0	\$0	(\$200)	(\$7,317)	(\$8,026)	(\$81,078)		(\$80,289)	\$70,451
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,398,528	\$2,992,534	\$0	\$468,227	\$291,406	\$319,535	\$737,644	\$197,290	\$321,441	\$70,451
8	Total Nursing Facility Days As Filed Days = 27,871	FY12 Audited C/R Days	27,871									
	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 Srvcs	Ln 7/Ln 8 Cola	\$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		<u>1.4922</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$71.95								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$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	\$2.53
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
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	4 () 2.44	1.6668	V 0.00	412,00	024.00	Ψ0.00	Q20.01	\$1.00	\$17.27	J E.50
18	Ortrly Routine Srvcs 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
	•	·		0.00.70	44.00	410.00	Q., 4, 00	•0.00	\$20.01	\$1.55	\$14,24	\$2,,55
	Quarterly Per Diem Add-on Amounts											-
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0,63	\$0,00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0,00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	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 Srvcs)	Ln 19 Col b x Sting 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

\$173.32

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

1	rovider: PruittHealth- Fitzgerald nvdr ID: 00140995A Case Mix Per Diem Rate Effective Date; MDS & Nurse Hrs Data per Quarter Ending:	10/01/20 06/30/20	-	rth Allowance: ly BIMS score	33.9%	Add-on Percent 13.37% 2,5% 2.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI; Wght Options:		Facility <u>Specific</u> 1.2807 1.4234 1.4497	State- wide 1.3699 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
			а	iinii baaa	::::c:::::	d	е	politica for a	g	g	egge, C h iere, e.c.	politica I porpi
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90,0% 100.0% \$0.00	90,0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Perîod Per Dîem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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									
	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 Srvcs	in 7/in 8 Cola	\$155.53	\$72.13	\$0.00	\$13.59	\$27.86	(with L&H)	\$25.21	\$7.84	\$7.92	\$0.98
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.2807								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9 / Ln 10		\$56.32								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$73.90	\$0.00	\$19.14	\$23.27	İ	\$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	\$0,98
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Allwnc %	\$15.60	\$7.53	\$0.00	\$1.82	\$3.11	\$0.00	\$3,14	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$152.59	\$63.85	\$0.00	\$15.41	\$26.38	\$0.00	\$26.60	\$7,84	\$11.53	\$0,98
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.4497</u>								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.56								
19	Quarterty Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$181.30	\$92.56	\$0.00	\$15.41	\$26.38	\$0.00	\$26,60	\$7.84	\$11.53	\$0.98
	Quarterly Per Diem Add-on Amounts											
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 Srys)	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 Stycs)	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	\$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	Լո 19 + Լո 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	(£n 25 - £n 23) * 0,75	\$139.66									i

1	ovider: PruittHealth - Fort Oglethorpe		Add-on Data and		Facility Score	Add-on Percent	Cas	se Mix Index ((Facility Specific	State- wide
P	vdr ID: 00214695A Case Mix Per Diem Rate Effective Date MDS & Nurse Hrs Data per Quarter Ending			owth Allowance; Oldy BIMS score Quality Incentive;	22.4%	13.37% 1.0% 1.0%	Ortrly Moaid		d Overall CMI: Medicaid CMI: Wght Options:		1.3512 1.4380 1.4623	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
1134			а	Higher by the con-	c	d	е	f	g	g	William heaville	i de la compania del compania de la compania del compania de la compania del compania de la compania de la compania de la compania del compania de la compania de la compania de la compania del compania
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actuel)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90,0% 100,0% \$0,53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Stress Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,844,982	\$3,167,076	\$0	\$578,322	\$465,823	\$278,761	\$800,194	\$288,717	\$266,089	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$110,389)	(\$6,330)	\$0	(\$577)	\$1,727	\$1,033	(\$107,232)	1=,	(\$47,482)	\$48,472
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,734,593	\$3,160,746	\$0	\$577,745	\$467,550	\$279,794	\$692,962	\$288,717	\$218,607	\$48,472
8	Total Nursing Facility Days As Filed Days = 40,820	FY12 Audited C/R Days	40,820									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days # 40,031	FY 18 GL-PL ins Rpt Days								40,031		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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		<u>1.3512</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / £n 10		\$57.31								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0,00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or i,n 13	\$122.73	\$57.31	\$0.00	\$14.15	\$18.31		\$16.98	\$7.21	7,58	\$1,19
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwac %	\$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		<u>1,4623</u>						ļ		
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£л 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
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1,53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.95	\$0.95					1		13.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 1.0% (to Routine Srvcs)	Ln 19 Col b x Stfng 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	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$187.57	\$97.44	\$0,00	\$16.26	\$21.17	\$0.00	\$36.72	\$7.21	\$7.58	\$1,19
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0,75	\$127.85									

Facility Add-on Facility State-PruittHealth - Franklin, Inc Add-on Data and Percentages Score Percent Case Mix Index (CMI) Data Specific wide Prvdr ID: 00141039A Growth Allowance: N/A 13.37% Base Period Overall CMI: 1.4254 1.3617 Case Mix Per Diem Rate Effective Date: 10/1/2020 Qtrly BIMS score 34.8% 2.5% Quarterly Medicaid CMI: 1.3000 1.5138 MDS & Nurse Hrs Data per Quarter Ending: 06/30/20 Nurse Hours per On-Site Day/Quality Incentive: 3,36 2.0% Ortrly Meaid CMI w RUG Wight Options: 1.3220 1.5405

Line #	Description	Sources I Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and insurance
23.6			а	ь	С	d	е	fores.	9	g	h	6.6.64.1/201.55
<u> </u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range wilhin Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	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 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90,0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
_	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	1 1	(\$17,107)	\$17,107
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,737,772	\$2,047,875	\$0	\$346,539	\$170,758	\$218,504	\$541,164	\$187,666	\$208,159	\$17,107
8	Total Nursing Facility Days As Filed Days = 25,623	FY12 Audited C/R Days	25,623									
	Total Nursing Facility Days GL-PL Ins, Rpt As Filed Days = 24,269	FY 18 GL-PL ins Rpt Days								24,269		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$56.07								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Stross)	per Peer Group Limits	0400 45	\$71,51	\$0,00	\$18.41	\$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
	Quarterly Per Diem Rate Prior to Add-ons										(PRV)	
15	Growth Allowance Percentage = 13.37%	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 Diern (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		<u>1,3220</u>								
18	Ortriy Routine Srvcs 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
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0,53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.10	\$2.10								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Lл 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
					L	!		1	L	L		L

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$122.21

Facility Add-on Facility State-PruittHealth - Griffin, LLC Score Percent Add-on Data and Percentages Case Mix Index (CMI) Data Specific wide Prvdr ID: 00143052A Growth Allowance: N/A 13.37% Base Period Overall CMI: 1.3383 1,3617 Case Mix Per Diem Rate Effective Date: 10/1/2020 Qtrly BIMS score 35.3% 2.5% Quarterly Medicaid CMI: 1.4583 1,5138 MDS & Nurse Hrs Data per Quarter Ending: 06/30/20 Nurse Hours per On-Site Day/Quality Incentive: 3.49 3.0% Ortrly Meaid CMI w RUG Wight Options: 1.4851 1,5405

				Routine	Special		Laundry &	Plant	Admin	A&G- GL-PL	Property	Taxes
Line #	Description	Sources / Calculations	Totals	Services	Services	Dietary	Houskpng	Operatns & Maint	and General	Insurance	and Related	and Insurance
WE.			а	b	С	d	е	f	g	g	h	and a Piliper
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0%	85.0% 100.0%		50.0% 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 Srvcs 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	\$(
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$65,894)	(\$5,458)	\$0	(\$867)	\$147	\$480	(\$60,375)		(\$23,339)	\$23,518
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,532,381	\$1,809,190	\$0	\$312,286	\$240,591	\$213,506	\$479,607	\$166,012	\$287,671	\$23,518
8	Total Nursing Facility Days As Filed Days = 23,575	FY12 Audited C/R Days	23,575									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,296	FY 18 GL-PL Ins Rpt Days	į							22,296		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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		<u>1.3383</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.34								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of £n 12 or £n 13	\$126.70	\$57.34	\$0.00	\$13.25	\$19.26		\$20,34	\$7.45	8.06	\$1.00
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwih 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 Medicald Residents	per Current Otr End		<u>1.4851</u>					*			
18	Ortrly Routine Srvcs 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
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.32	\$0.53	\$0.00	\$0,22	\$0,41	\$0.00	\$0.16		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	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 Stycs)	Ln 19 Col b x Sting 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

\$134.71

Facility Add-on Facility State-PruittHealth - Lakehaven Score Percent Add-on Data and Percentages Case Mix Index (CMI) Data Specific wide Prvdr ID: 00141721A Growth Allowance: N/A 13.37% Base Period Overall CMI: 1.4944 1.3617 Case Mix Per Diem Rate Effective Date: Qtrly BIMS score 10/1/2020 31.7% 2.5% Quarterly Medicaid CMI: 1.5186 1.5138 MDS & Nurse Hrs Data per Quarter Ending: 06/30/20 Nurse Hours per On-Site Day/Quality Incentive: 3.40 3.0% Ortrly Moaid CMI w RUG Wight Options: 1.5405 1.5472

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b.	C	d	e	/// f // // /	g	g entit	h	90500 1 0550
⊆	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90,0% 100,0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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	so	\$455,377	\$290,503	\$207,831	\$584,328	\$216,538	\$135,297	\$25,340
8	Total Nursing Facility Days As Fited Days = 31,097	FY12 Audited C/R Days	31,097									
	Total Nursing Facility Days GL-PL Ins, Rpt As Filed Days = 30,418	FY 18 GL-PL Ins Rpt Days								30,418		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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		<u>1.4944</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$60.29								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$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	\$0.81
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwac %	\$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		1.5472								
18	Ortrly Routine Srvcs 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
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Sind - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0,00	\$0.22	\$0.41	\$0.00	\$0.37		\$0,00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Sivs)	Ln 19 Col b x CPS Add-ол	\$2.64	\$2.64								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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

\$138.23

1	Provider: PruittHealth - Lan Prvdr ID: 00140456A	ier	_	Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index ((CMI) Data		Facility Specific	State- wide
Prv	tr ID: 00140456A	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020 06/30/20 Nurse Hours	-	owth Allowance: Otrly BIMS score Quality Incentive:		13,37% 2,5% 3.0%	Ortrly Moaid		d Overall CMI: Medicaid CMI; Wght Options;		1.4690 1.4370 1.4635	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	endige endige	f	g	g	in the second	i di Tanan
CA	SE MIX BASED RATE CAL	<u>CULATIONS</u>											
1 (Cost Center Peer Groups Type of Facility within Peer Grou Bed Size Range within Peer Grou		(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	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 3 4	Peer Group Standards & Efficienc Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (se		(see Policy Manual) (see Policy Manual) (see Policy Manual)		90,0% 100,0% \$0,53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Am As Filed Cost Center Costs (Routi	ne & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	40,100,122	\$3,379,589	\$0	\$531,864	\$406,769	\$259,301	\$855,162	\$281,499	\$416,538	\$0
6 7	Audit Adjustments and Realiocation		FY12 C/R Audit Adjstmts	(\$139,413)	(\$11,236)	\$0	\$0	(\$1,408)	(\$1,043)	(\$124,288)		(\$53,719)	\$52,281
8	Cost Center Costs After Audit Adju	isiments As Filed Days ≈ 38,430	FY12 Audited C/R FY12 Audited C/R Days	\$5,991,309	\$3,368,353	\$0	\$531,864	\$405,361	\$258,258	\$730,874	\$281,499	\$362,819	\$52,281
°	Total Nursing Facility Days Total Nursing Facility Days GL-P	• •	FY 18 GL-PL Ins Rpt Days	38,430									
9	Net Per Diems prior to Case Mix Ad	•	Ln 7 / Ln 8 Col a	\$157.10	\$87.65	\$0.00	\$13,84	\$17.27	(with L&H)	\$19.02	33,046 \$8.52	\$9.44	\$1.36
10	Base Period Facility Case Mix In	•	from 4 qtrs of FY12	\$157.10	1.4690	\$0,00	313.04	\$17.27	(wan ten)	\$19,02	\$6.52	59.44	\$1,30
11	Routine Srvcs Case Mix Adjstd (Ln 9 / Ln 10		\$59,67								
12	Net Per Diems after Case Mix Adjs	•	RS = Ln 11, AliOthr = 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 Srvcs)	per Peer Group Limits		\$71,51	\$0.00	\$18,41	\$23.09		\$20.56	\$0.00	N/A	41,00
14	Base Period Case Mix Adjusted All	i	Lesser of Ln 12 or Ln 13	\$128.53	\$59.67	\$0.00	\$13.84	\$17.27		\$19,02	\$8.52	8.85	\$1.36
ء ا ر	luarterly Per Diem Rate Prior to A	dd ans										(FRV)	
15	Growth Allowance Percentage =	13.37%	Ln 14 x Grwth Allwac %	\$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 Growl		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	•	per Current Qir End		1.4635	*****	V.0.00	•10.00	40.00	421,55	40,01	40.00	Ų1.00
18	Ortrly Routine Srvcs Case Mix A	djstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.01								
19	Quarterly Medicaid CMA Allowed P	er 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
	tuarterly Per Diem Add-on Amoun	atr.											
20	Efficiency Add-on Per Diem ([Stnd-		(see 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 Srvs)	Ln 19 Col b x CPS Add-on	\$2,48	\$2,48	Ψ0.00	\$0,22	90.41	Ψ0.00	Ψ0.57		30.00	
22		er Diem = 3.0% (to Routine Srvcs)	Ln 19 Coi 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 A	mounts	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 C	uarterly Case Mix Based Per Dier	n 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 C	uarterly Per Diem Rate for Bed H	old and Leave Days	(Ln 25 - Ln 23) * 0.75	\$136.16		,	<u> </u>						

Provider:	PruittHealth - Laurel Park		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State- wide
Prvdr ID:	00908553A		Growth Allowance:	N/A	13.37%	Base Period Overall CMI:	1.2708	1,3617
	Case Mix Per Diem Rate Effective Date:	10/01/20	Qtrly Cognitive Performance Scale:	17.1%	0.0%	Quarterly Medicaid CMI;	1.5093	1.5138
	MDS & Nurse Hrs Data per Quarter Ending:	06/30/20	Nurse Hours per On-Site Day/Quality Incentive:	4.07	2.0%	Ortrly Moaid CMI w RUG Wight 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	and Related	Taxes and Insurance
C	CASE MIX BASED RATE CALCULATIONS		granger a ller aller	believes		Sympodenical	е	73 (3.5) f = 1, 25	g			e alega
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90,0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100,0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	FY2012 C/R -FY 2018 GL-PL Rpt	\$1,951,062	\$921,724	\$0	\$129,053	\$104,115	\$150,194	\$390,704	224,989	\$30,283	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	\$0	\$0	\$0	\$0	\$0	\$0	\$0	,	(\$11,159)	\$11,159
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$1,726,073	\$921,724	\$0	\$129,053	\$104,115	\$150,194	\$390,704		\$19,124	\$11,159
8	Total Nursing Facility Days As Filed Days = 7,283	FY12 Audited C/R Days	7,283									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY 18 GL-PL Ins Rpt Days								30,556		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	£n7/£n8Cola	\$244,36	\$126.56	\$0.00	\$17.72	\$34.92	(with L&H)	\$53,65	7.36	\$2.63	\$1.53
10	Base Períod Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.2708</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$99.59								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	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
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$17.77	\$9.56	\$0.00	\$2.37	\$3,09	\$0.00	\$2.75		N/A	N/A
16	•	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		in 16 x in 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
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00		\$0.22	\$0.00		\$0.00		NA	
21	Cogntv Perfrm Scale Add-on Per Diem = 0.0% (to Routine Srvs)	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 Srvcs)	Ln 19 Col b x Sting 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			•	·		4			
	· ·											

1	Provider: PruittHealth - Magnolia Manor		Add-on Data and		Facility Score	Add-on Percent	Cas	se Mix Index (t		•	Facility Specific	State- wide
۲	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020 06/30/20 Nurse Hours p		owth Allowance; atrly BIMS score auality Incentive;	24.6%	13.37% 1.0% 3.0%	Ortrly Moaid	Quarterly	d Overali CMI; Medicaid CMI; Wght Options;		1.4894 1.5295 1.5559	1.3617 1.5138 1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
100			a	(K b	С	d	е	48,746 f .0828	g	g	// h	digawA T FFag
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85,0% 100,0% \$0,41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,467,213	\$3,139,685	so	\$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	1 ' '	(\$550)	\$0	(\$92,988)	42 15,551	(\$122,467)	\$122,467
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,371,597	\$3,137,827	\$0	\$631,420	\$339,707	\$408,626	\$785,830	\$240,597	\$705,123	\$122,467
8	Total Nursing Facility Days As Filed Days = 32,413	FY12 Audited C/R Days	32,413				,			'	, ,	
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days ≠ 32,284	FY 18 GL-PL ins Rpt Days								32,284		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.00								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0,00	\$18.41	\$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
	Quarterly Per Diem Rate Prior to Add-ons				ļ						, , ,	
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)	Łn 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 QIr End		<u>1.5559</u>								
18	Qrirly Routine Srvcs 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
	Quarterly Per Diem Add-on Amounts											
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 = 1.0% (to Routine Srvs)	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 Srvcs)	Ln 19 Col b x Sting 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									

1	rovider; PruittHealth-Marietta		id-on Data and P	'ercentages	Facility Score	Add-on Percent	Cas	e Mix Index (0	CMI) Data	_	Facility Specific	State- wide
P	rvdr ID: 00202507A Case Mix Per Diem Rate Effective Date; MDS & Nurse Hrs Data per Quarter Ending:	10/01/20 06/30/20	Qtr	rth Allowance; ly BIMS score ality Incentive;		13.37% 2.5% 2.0%	Qrtrly Mcaid	Quarterly i	d Overall CMI Medicaid CMI Wght Options	:	1.2754 1.7530 1.7863	1.3699 1.5138 1.5405
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	34665 b 4666	Allego al Mi	d	i e	3968 1 6668	g	g	and the state of	gara k a a
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100,0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srycs 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)	
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	1	\$324,818	\$29,365
8	Total Nursing Facility Days As Filed Days ≈ 19,843	FY13 Audited C/R Days	19,843								-	
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days ≈ 40,456	FY 18 GL-PL Ins Rpt Days								40,456		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$173,78	\$88.99	\$0,00	\$16,29	\$18.60	(with L&H)	\$24.97	\$7.08	\$16.37	\$1.48
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.2754								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.78								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$73.90	\$0.00	\$19.14	\$23.27		\$23.46	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$152.60	\$69.78	\$0.00	\$16.29	\$18.60		\$23.46	\$7.08	15.91	\$1.48
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
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 Diern (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$169.74	\$79,11	\$0,00	\$18.47	\$21,09	\$0.00	\$26,60	1	\$15.91	\$1,48
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7863								
18	Ortrly Routine Srvcs 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
	Out to Burger and the America											
20	Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0,53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.53	\$3.53	₩0,00	\$0,22	ψυ.41	Q0.00	ψ0.00		\$5.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	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	\$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		<u> </u>	1	1	1 .	1	.1	I	

Provider:	PruittHealth - Miller	n		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State- wide
Prvdr ID;	00140269A	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020 06/30/20	Growth Allowance: Qtrly BIMS score Nurse Hours per On-Site Day/Quality Incentive:	N/A 49.1% 3.51	13,37% 5,5% 3,0%	Base Period Overall CMI; Quarterly Medicaid CMI; Ortrly Moaid CMI w RUG Wght Options;	1,5517 1,7708 1,8041	1.3617 1.5138 1.5405
Bair Western				Singaporation of the source and garagination is	S. A. Washing S.		Digit	and a second	6 Superiors,

1	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
1200			a	b	С	d	- 100 Per 100	f.	9	9	iĝi ja h argoga	serie Progr
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
i _	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,352,163	\$2,217,000	\$0	\$455,767	\$279,794	\$289,272	\$715,657	\$240,597	\$154,076	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$133,526)	(\$1,536)	\$0	(\$1,020)	\$0	(\$214)	(\$123,095)		(\$26,023)	\$18,362
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,218,637	\$2,215,464	\$0	\$454,747	\$279,794	\$289,058	\$592,562	\$240,597	\$128,053	\$18,362
8	Total Nursing Facility Days As Filed Days = 30,270	FY12 Audited C/R Days	30,270									
_	Total Nursing Facility Days GL-PL Ins, Rpt As Filed Days = 29,649	FY 18 GL-PL Ins Rpt Days								29,649		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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	\$0.6
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.5517</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.17								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$47.17	\$0.00	\$15,02	\$18.79		\$19.58	\$8.11	\$4,23	\$0,6°
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23,09		\$20,56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or £n 13	\$124.40	\$47,17	\$0,00	\$15.02	\$18.79		\$19.58	\$8,11	15.12 (FRV)	\$0.6
	Quarterly Per Diem Rate Prior to Add-ons										(CAV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$13.45	\$6.31	\$0.00	\$2.01	\$2.51	\$0.00	\$2.62	N/A	N/A	N/A
16	CMA Allowed Per Diern (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	\$0.6
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8041								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Լո 16 x Լո 17		\$96.48								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$180,85	\$96,48	\$0.00	\$17.03	\$21.30	\$0,00	\$22.20	\$8.11	\$15.12	\$0.6°
	Quarterly Per Diem Add-on Amounts											
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 Srvs)	En 19 Col b x CPS Add-on	\$5,31	\$5,31								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.89	\$2.89								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.83	\$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	\$0.6
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$142.94		1	L		L		L		

Facility Add-on State-Facility PruittHealth - Monroe, LLC Provider: Score Percent Add-on Data and Percentages Case Mix Index (CMI) Data Specific wide Prvdr ID: 00141468A Growth Allowance; N/A 13.37% Base Period Overall CMI: 1.2064 1.3617 Case Mix Per Diem Rate Effective Date: 10/1/2020 Qtrly BIMS score 26.9% 1.0% Quarterly Medicaid CMI: 1,3842 1.5138 MDS & Nurse Hrs Data per Quarter Ending: 06/30/20 Nurse Hours per On-Site Day/Quality Incentive; 3.02 2.0% Ortrly Meaid CMI w RUG Wight Options: 1,4063 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
<u> 1988</u>			а	Zeres brillian	C	d d	in the second	1922	g	g	h h	1955 td 1855
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0,53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105,0% \$0,37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,654,415	\$2,010,478	\$0	\$317,824	\$273,019	\$299,773	\$493,783	\$199,696	\$59,842	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$87,423)	(\$9,313)	\$0	(\$452)	\$0	(\$839)	(\$76,819)		(\$17,824)	\$17,824
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,566,992	\$2,001,165	\$0	\$317,372	\$273,019	\$298,934	\$416,964	\$199,696	\$42,018	\$17,824
8	Total Nursing Facility Days As Filed Days = 24,301	FY12 Audited C/R Days	24,301									
	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 Srvcs	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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.26								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlhr = 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 Srvcs)	per Peer Group Limits		\$71,51	\$0,00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or £n 13	\$139.45	\$68.26	\$0.00	\$13.06	\$23.09		\$17.16	\$7.46	9.69	\$0.73
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = <u>13.37%</u>	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		<u>1.4063</u>								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.83								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$187.15	\$108.83	\$0.00	\$14.81	\$26.18	\$0.00	\$19,45	\$7,46	\$9,69	\$0.73
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0,37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.09	\$1,09								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Stycs)	Ln 19 Col b x Sting 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	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$208.64	\$112.63	\$0.00	\$15.03	\$26.18	\$0.00	\$36.92	\$7.46	\$9.69	\$0.73
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$143.66		L	1	1		I			

Facility Add-on Facility State-PruittHealth - Moultrie Provider: Add-on Data and Percentages Score Percent Case Mix Index (CMI) Data Specific wide Prvdr ID: 00142095A Growth Allowance: N/A 13.37% 1,3617 Base Period Overall CMI: 1.4840 Case Mix Per Diem Rate Effective Date: Qtrly BIMS score 10/1/2020 29.3% 1.0% Quarterly Medicaid CMI; 1.4606 1,5138 MDS & Nurse Hrs Data per Quarter Ending: 06/30/20 Nurse Hours per On-Site Day/Quality Incentive: 3.14 3.0% Ortrly Moaid CMI w RUG Wght Options: 1.4885 1,5405 Plant Admin Property Taxes Routine Special Laundry & &G- GL-PI Line Sources / Totals Dietary Operatos and and and Description Services Services Houskpng Insurance Calculations & Maint General Related Insurance ъ а C of the h . i : 9 CASE MIX BASED RATE CALCULATIONS Cost Center Peer Groups (see Policy Manual) 2 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 Red Sizes All Red Sizes All Red Sizes Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile 90.0% (see Policy Manual) 90.0% 90,0% 85 0% 50.0% Peer Group Standards: Multiplier (see Policy Manual) 100.0% 100.0% 100.0% 100.0% 105.0% Efficiency Measure Maximums (see line 20 for actual) 4 (see Policy Manual) \$0.53 \$0.00 \$0.22 \$0.41 \$0.37 Base Period Per Diem Allowed Amounts As Filed FY12 C/R -FY 2018 GL-PL Rpt 5 As Filed Cost Center Costs (Routine & Special Sives Combined) \$3,886,734 \$1,814,293 \$0 \$336,184 \$285,278 \$234,537 \$563,197 \$163,606 \$489,639 \$0 6 FY12 C/R Audit Adistmts Audit Adjustments and Reallocations to Cost Center Costs (\$68,459) (\$5,284)\$0 (\$880) \$0 50 (\$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 FY12 Audited C/R Days As Filed Days = 22.836 22,836 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,376 FY 18 GL-PL Ins Rpt Days 23,376 9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Ln 7 / Ln 8 Cot a \$167.03 \$79.22 \$0.00 \$14.68 \$22.76 (with L&H) \$21.93 \$7.00 \$20,91 \$0.53 10 from 4 atrs of FY12 Base Period Facility Case Mix Index for All Residents 1.4840 11 10971010 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$53.38 12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs 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 Srvcs) per Peer Group Limits \$71.51 \$0.00 \$18,41 \$23.09 \$20,56 \$0.00 N/A 14 Lesser of Ln 12 or Ln 13 Base Period Case Mix Adjusted Allowed Per Diem \$137.47 \$53.38 \$0.00 \$14.68 \$22.76 \$20.56 \$7.00 18.56 \$0.53 (FRV) Quarterly Per Diem Rate Prior to Add-ons 15 Growth Allowance Percentage = 13,37% En 14 y Grath Allwood % \$14.89 \$7.14 \$0.00 \$1.96 \$3.04 \$0.00 \$2.75 N/A N/A N/A 16 Ln 14 + Ln 15 CMA Allowed Per Diem (After Growth Allowance Add-on) \$152.36 \$60,52 \$0,00 \$15,64 \$25,80 \$0,00 \$23,31 \$7.00 \$18.56 \$0.53 17 per Current Otr End Quarterly Facility Case Mix Index for Medicaid Residents 1,4885 18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Ln: 16 x Ln 17 \$90,08 19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AliOthr = Ln 16 \$181.92 \$90.08 \$0.00 \$16.64 \$25.80 \$0.00 \$23.31 \$7.00 \$0.53 \$18.56 Quarterly Per Diem Add-on Amounts 20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) (see Policy Manual) \$1.00 \$0.53 \$0.00 \$0,22 \$0.25 \$0,00 \$0.00 \$0,00 21 BIMS Add-on Per Diem = 1.0% (to Routine Srvs) Ln 19 Col b x CPS Add-on \$0.90 \$0.90 22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) 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 Quarterly Case Mix Based Per Diem Rate Ln 19 + Ln 24 \$203.62 \$0.00 \$94.21 \$16.86 \$26.05 \$0.00 \$40.41 \$7.00 \$18.56 \$0,53 26 Quarterly Per Diem Rate for Bed Hold and Leave Days (Ln 25 - Ln 23) * 0.75 \$139.89

1 '	rovider: PruittHealth- Ocilla		dd-on Data and P		Facility Score	Add-on Percent	Cas	e Mix Index (Facility Specific	State- wide
-	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/01/20 06/30/20	Qtr	th Allowance: ly BIMS score ality Incentive:	37.5%	13.37% 2.5% 3.0%	Ortrly Meald	Quarterly	d Overall CMI Medicaid CMI Wght Options	:	1,2894 1,5856 1,6149	1.3699 1.5138 1.5405
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatris & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
			i sijigiakidiki	ь	С	ď	е	Signat f arage	g	g	tergeri h iter	1
9	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)	4.00	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	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 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85,0% 100.0% \$0.41		50.0% 105.0% \$0,37	***************************************		
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Stress 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	so
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	(\$66,843)	(\$596)	\$0	(\$1,057)	\$0	\$0	(\$73,521)	1	(\$4,692)	\$13.02
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	\$13,02
8	Total Nursing Facility Days As Filed Days = 12,967	FY13 Audited C/R Days	12,967									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,080	FY 18 GL-PL Ins Rpt Days								23,080		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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	\$1.0
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.2894								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.06								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = Ln 9		\$61.06	\$0.00	\$14.52	\$22.44		\$22,69	\$8.65	\$8,39	\$1.0
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	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 Quarterly Per Diem Rate Prior to Add-ons	Lesser of Ln 12 or Ln 13	\$139.31	\$61.06	\$0.00	\$14.52	\$22.44		\$22,69	\$8.65	8.95 (FRV)	\$1.0
15	Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Allwinc %	\$16.13	\$8.16	\$0.00	\$1.94	\$3.00	\$0.00	\$3.03	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	ln 14 + ln 15	\$155.44	\$69.22	\$0.00	\$16.46	\$25.44	\$0.00	\$25.72	\$8.65	\$8.95	\$1.0
17	Quarterly Facility Case Mix Index for Medicald Residents	per Current Qtr End		1.6149	75.50	1	,	13.30		45.50	15.55	4
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.78								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = £n 18, AllOlhr = Ln 16	\$198.00	\$111.78	\$0.00	\$16.46	\$25.44	\$0.00	\$25.72	\$8.65	\$8.95	\$1.0
	Quarterly Per Diem Add-on Amounts											
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 Srvs)	Ln 19 Col b x CPS Add-on	\$2.79	\$2.79	\$5.55	45.22		40.50	\$5.51		1	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting 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 + l,n 24	\$222.77	\$118.45	\$0.00	\$16.68	\$25.85	\$0.00	\$43.19	\$8.65	\$8.95	\$1.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0,75	\$154.25		 	*				-t	····	•

Facility Add-on Facility State. PruittHealth - Old Capitol Provider: Add-on Data and Percentages Score Percent Case Mix Index (CMI) Data Specific wide Prvdr ID: 00142304A Growth Allowance: N/A 13.37% Base Period Overall CMI: 1.2935 1.3617 Case Mix Per Diem Rate Effective Date: 10/1/2020 Qtrly BIMS score 31 1% 2.5% Quarterly Medicaid CMI: 1.3929 1,5138 Ortrly Moaid CMI w RUG Wight Options: MDS & Nurse Hrs Data per Quarter Ending: 06/30/20 Nurse Hours per On-Site Day/Quality Incentive: 2.78 3.0% 1.4166 1,5405 Plant Admin Property Taxes Routine Special Laundry & &G-GL-PL Line Sources / Totals Dietary Operatns and and and Description Services Services Houskong Insurance # Calculations & Maint General Related Insurance ь C d **CASE MIX BASED RATE CALCULATIONS** Cost Center Peer Groups (see Policy Manual) 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 Red Sizes Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile 90.0% 90.0% 90.0% 85.0% 50.0% (see Policy Manual) Peer Group Standards; Multiplier (see Policy Manual) 100.0% 100,0% 100.0% 100.0% 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 As Filed FY12 C/R -FY 2018 GL-PL Rpt As Filed Cost Center Costs (Routine & Special Sives Combined) \$5,892,389 \$2,956,703 \$0 \$535,070 \$480,839 \$285,393 \$776,842 \$344.054 \$513,488 SO 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 \$0 \$2,950,608 \$533,468 \$476,755 \$282,404 \$648,447 \$344,054 \$451,434 \$57,696 8 FY12 Audited C/R Days Total Nursing Facility Days As Filed Days # 45.401 45,401 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 42,972 FY 18 GL-PL Ins Rpt Days 42.972 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs 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 from 4 atrs of FY12 Base Period Facility Case Mix Index for All Residents 1.2935 Ln 9 / Ln 10 11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$50.24 12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs RS = Ln 11, AilOthr = Ln 9 \$50.24 \$0.00 \$11.75 \$16,72 \$14.28 \$8.01 \$9.94 \$1.27 13 per Peer Group Limits Per Diem Standards (After Statewide CMA for Routine Srvcs) \$71,51 \$0.00 \$18,41 \$23.09 \$20.56 \$0.00 N/A 14 Lesser of Ln 12 or Ln 13 Base Period Case Mix Adjusted Allowed Per Diem \$110,25 \$50.24 \$0.00 \$11,75 \$16,72 \$14.28 \$8.01 7.98 \$1.27 (FRV) Quarterly Per Diem Rate Prior to Add-ons 15 Growth Allowance Percentage = 13.37% Ln 14 x Grwth Allwric % \$12.44 \$6,72 \$0.00 \$1.57 \$2.24 \$0.00 \$1.91 N/A N/A N/A Ln 14 + Ln 15 16 CMA Allowed Per Diem (After Growth Allowance Add-on) \$122.69 \$56.96 \$0,00 \$13,32 \$18.96 \$0,00 \$16.19 \$8.01 \$7,98 \$1,27 17 per Current Qtr End Quarterly Facility Case Mix Index for Medicaid Residents 1.4166 18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Ln 16 x Ln 17 \$80.69 19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOlhr = Ln 16 \$146.42 \$80,69 \$0.00 \$13.32 \$18.96 \$0.00 \$8.01 \$7.98 \$16.19 \$1.27 Quarterly Per Diem Add-on Amounts (see Policy Manual) 20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) \$1.53 \$0,53 \$0.00 \$0.22 \$0.41 \$0,00 \$0.37 \$0.00 2.5% (to Routine Srvs) 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 = 3.0% (to Routine Srvcs) Ln 19 Col b x Sting Add-on \$2.42 \$2,42

23

24

25

Nursing Home Provider Fee

Total Quarterly Per Diem Add-on Amounts

Quarterly Per Diem Rate for Bed Hold and Leave Days

Quarterly Case Mix Based Per Diem Rate

\$17,10

\$23.07

\$169.49

\$114.29

\$4.97

\$85.66

\$0.00

\$0.00

\$0.22

\$13.54

\$0.41

\$19.37

(Fixed Amount)

Sum of Las 20 thru 23

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

\$0.00

\$7,98

\$0,00

\$1.27

\$17.10

\$17.47

\$33,66

\$0,00

\$8.01

\$0.00

\$0,00

1	rovider: PruittHealth - Palmyra rvdr ID: 00142337A			th Allowance;		Add-on Percent 13.37%	Cas		d Overall CMI:		Facility Specific 1.3544	State- wide 1,4014
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020 06/30/20 Nurse Hours per 0		ly BIMS score ality Incentive;		2,5% 3.0%	Ortrly Moaid		Medicaid CMI: Wght Options:		1.5004 1.5261	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
			ing ster a in the	rijekira b esperje	c	d	e	teren f erese	g		Weggahara	
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Mulliplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90,0% 100.0% \$0,22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed 12/31/14 C/R - FY 18 GL-PL Rpt	\$10,035,853	\$4,372,266	\$0	\$838,307	\$608,158	\$932,237	\$2,158,384	\$601,493	\$525,008	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	12/31/14 C/R Audit Adjstmts	(\$1,099,099)	\$0	\$0	\$0	\$0		(\$1,099,099)	1 1	(\$37,252)	\$37,252
7	Cost Center Costs After Audit Adjustments	12/31/14 Audited C/R	\$8,936,754	\$4,372,266	\$0	\$838,307	\$608,158	\$932,237	\$1,059,285	\$601,493	\$487,756	\$37,252
8	Total Nursing Facility Days As Filed Days = 60,292	12/31/14 Audited C/R Days	60,292								·	
	Total Nursing Facility Days GL-PL Ins, Rpt As Filed Days = 79,384	FY 18 GL-PL Ins Rpt Days								79,384		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Lก 7 / Lก 8 Cola	\$145.83	\$72.52	\$0.00	\$13.90	\$25.55	(with L&H)	\$17.57	\$7.58	\$8,09	\$0.62
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		<u>1.3544</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.54								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = 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 Srvcs)	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
	Quarterly Per Diem Rate Prior to Add-ons										,,,,,	
15	Growth Allowance Percentage = 13.4%	En 14 x Grwth Allwnc %	\$14.52	\$7.16	\$0.00	\$1,86	\$3,15	\$0,00	\$2.35	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$139.99	\$60.70	\$0.00	\$15.76	\$26,70	\$0,00	\$19.92	\$7.58	\$8.71	\$0.62
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.5261</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	tn 16 x Ln 17	<u> </u>	\$92.63			4					
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
	Quarterly Per Diem Add-on Amounts											
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 = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.32	\$2,32								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Łn 19 Col b x Sting 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 Las 20 thru 23	\$23,32	\$5,63	\$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	\$195.24	\$98.26	\$0.00	\$15.98	\$26,70	\$0.00	\$37.39	\$7.58	\$8.71	\$0.62
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$133.61									

1	rovider: PruittHealth - Peake, LLC	_	Add-on Data and	Percentages	Facility Score N/A	Add-on Percent	Cas	e Mix Index (C	CMI) Data d Overall CMI:		Facility Specific 1,4021	State- wide 1,3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020 06/30/20 Nurse Hours p	_	trly BIMS score	34.6%	2.5% 3.0%	Qrtrly Mcaid	Quarterly	Medicaid CMI; Wght Options;		1.4748 1.5010	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
1,300			а	b	: C	d.	Mary e Mary 1	f	9	g	h	etill be
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facilify within Peer Group Bed Size Range wilhin Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	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 3 4	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) (see Policy Manual) (see Policy Manual)		90,0% 100,0% \$0,53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Stycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rot	\$7,408,690	\$4,050,040	\$0	\$669,820	\$481,400	\$414.957	\$920,986	\$293,529	\$577.958	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$137,112)	(\$2,733)	\$0 \$0	(\$115)	(\$5,708)	(\$4,921)	(\$116,792)	\$295,529	(\$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	\$112,62
8	Total Nursing Facility Days As Filed Days = 42,749	FY12 Audited C/R Days	42,749	0 1,0 1, 1,000	•	4000,100	41.0,001	\$110,000	0001,101	4250,020	Q-100,401	V112,02
	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 Srvcs	Ln 7 / Ln 8 Cot a	\$170.34	\$94.68	\$0.00	\$15.67	\$20.72	(with L&H)	\$18.81	\$7.10	\$10.73	\$2.6
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4021								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9 / Ln 10		\$67.53								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$67.53	\$0.00	\$15.67	\$20.72		\$18.81	\$7.10	\$10.73	\$2.6
13	Per Diern Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$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)	\$2.6
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$16.41	\$9.03	\$0.00	\$2.10	\$2.77	\$0.00	\$2.51	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14+Ln 15	\$164,47	\$76.56	\$0,00	\$17.77	\$23.49	\$0.00	\$2.31	\$7,10	\$15.60	\$2.6
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	7107.47	1.5010	40.00	-11.11	Ψ20.43	Ψ0.00	72,1,02	\$1,10	Ψ10,00	42.0
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.92								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlhr = Ln 16	\$202.83	\$114.92	\$0.00	\$17.77	\$23.49	\$0.00	\$21.32	\$7.10	\$15,60	\$2.6
	Quarterly Per Diem Add-on Amounts											
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 Srvs)	Ln 19 Col b x CPS Add-on	\$2.87	\$2,87							,	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	\$0.0
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$227.78	\$121.77	\$0,00	\$17.99	\$23.90	\$0.00	\$38.79	\$7.10	\$15.60	\$2.6
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$158.01									

	ovider: PruittHealth- Rome vdr ID: 299031876A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020	Qtr	th Allowance: ly BIMS score	40.0%	Add-on Percent 13.37% 2,5% 3.0%			d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.3499 1.5899 1.6176	State- wide 1.4014 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
.33.51			a	gyakin b ganga	in potential	d	e	OF STREET	g	Satury (C)	paga Bagasa h agasa a sa	a politika je s
1 -	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$78,774)	\$0	\$0	\$0	\$605	\$1,781	(\$81,716)		(\$25,246)	\$25,802
7	Cost Center Costs After Audit Adjustments	FY14 Audited C/R	\$3,190,511	\$1,421,270	\$0	\$302,768	\$146,387	\$431,091	\$487,989	\$240,597	\$134,607	\$25,802
8	Total Nursing Facility Days As Filed Days = 18,323	FY14 Audited C/R Days	18,323									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,387	FY 18 GL-PL Ins Rpt Days								34,387		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$168.00	\$77.57	\$0.00	\$16,52	\$31,52	(with L&H)	\$26,63	\$7.00	\$7.35	\$1.41
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.3499								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.46								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$57.46	\$0.00	\$16,52	\$31.52		\$26.63	\$7,00	\$7.35	\$1.41
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$73,31	\$0,00	\$19,52	\$23.55		\$24.02	\$0.00	\$0.00	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$140.92	\$57.46	\$0,00	\$16,52	\$23,55		\$24.02	\$7.00	10,96 (FRV)	\$1.41
	Quarterly Per Diem Rate Prior to Add-ons										(····)	
15	Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Allwnc %	\$16.25	\$7.68	\$0.00	\$2.21	\$3.15	\$0.00	\$3.21	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$157.17	\$65.14	\$0.00	\$18.73	\$26.70	\$0.00	\$27.23	\$7.00	\$10.96	\$1.41
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.6176</u>								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.37								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = £n 18, AllOlhr = £n 16	\$197.40	\$105.37	\$0,00	\$18,73	\$26.70	\$0,00	\$27.23	\$7.00	\$10.96	\$1.41
	Quarterly Per Diem Add-on Amounts											
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 Srvs)	Ln 19 Col b x CPS Add-on	\$2.63	\$2.63								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Strng 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	\$23.64	\$6.32	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$221.04	\$111.69	\$0.00	\$18.95	\$26.70	\$0.00	\$44.33	\$7.00	\$10.96	\$1.41
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$152.96									

Provider: Pruitt Health - Savannah Prvdr ID: 00238323A H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending;	10/01/20 06/30/20 Nur		Data and Percentages Growth Allowance: BIMS: ite Day/Quality Incentive:	18.9%	Add-on Percent 13.37% 0.0% 3.0%	***************************************	Quarter	(CMI) Data riod Overall CMI: fy Medicaid CMI: G 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 b	Special Services c	Dietary	Laundry & Houskpng	Plant Operatns & Maint f	Admin and General	A&G- GL-PL Insurance	Property and Related h	Taxes and Insurance
CASE MIX BASED RATE CALCULATIONS Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons			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	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37			The state of the s
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 Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	FY2018 GL-PŁ Ins. Rpt FY2018 GL-PL Ins. Rpt FY 2012 Peer Group Limit	\$153.32 \$16.97 \$177.42	\$71.51 \$67.93 \$9.08 \$77.01 1.5251 \$117.45		\$18.41 \$17.49 \$2.34 \$19.83	\$23,09 \$21,94 \$2,93 \$24,87		\$20.56 \$19.53 \$2.61 \$22.14	\$ 288,717 40,469 \$ 7.13	\$25.51 \$25.51 \$25.51 (FRV Rate)	
Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 0.0% :o Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$217.85 \$0.00 \$3.52	\$117.45 \$0.00 \$3.52		\$19.83	\$24,87		\$22.14	\$7.13	\$25.51	\$0.92
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%	\$166,03	\$17.10 \$20.62 \$238.48	\$120.97		\$19.83	\$24.87		17.10 \$39.24	\$7.13	\$25.51	\$0.92

	Provider: PruittHealth - Shepherd Hills, LLC Prvdr ID: 00142964A Case Mix Per Diem Rate Effective Dat MDS & Nurse Hrs Data per Quarter Endin	e: 10/1/2020		owth Allowance: Utrly BIMS score	20.7%	Add-on Percent 13.37% 1.0% 3.0%		Quarterly	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1,4305 1,4364 1,4628	State- wide 1.3617 1.5138 1.5405
Line #	Description	Sources <i>t</i> Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	essere bije (ig)	Control	d		angering f actors	g	g	h	Signal Care
CA	CASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,573,146	\$3,139,645	\$0	\$526,560	\$391,236	\$294,748	\$752,684	\$269,469	\$198,804	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$122,716)	(\$7,258)	\$0	(\$373)	(\$6,672)	(\$5,706)	(\$99,324)		(\$42,168)	\$38,785
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,450,430	\$3,132,387	\$0	\$526,187	\$384,564	\$289,042	\$653,360	\$269,469	\$156,636	\$38,785
8	Total Nursing Facility Days As Filed Days = 39,683	FY12 Audited C/R Days	39,683									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 37,862	FY 18 GL-PL ins Rpt Days								37,862		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a from 4 qtrs of FY12	\$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	110m 4 qus or F1 12 Ln 9/Ln 10		1.4305 \$55.18								
12	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOihr = Ln 9		\$55,18 \$55,18	\$0.00	\$13.26	\$16,97		\$16.46	67.40	60.05	• • • • • • • • • • • • • • • • • • • •
13	Per Diem Standards (After Statewide CMA for Routine Stros)	per Peer Group Limits		\$55,16 \$71,51	\$0.00	\$13.26	\$16.97		\$16,46	\$7.12	\$3.95 N/A	\$0.98
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$116.66	\$55.18	\$0.00	\$13,26	\$23.09 \$16.97		\$20.56	\$0.00 \$7.12	6.69	\$0.98
		Cosset of Ciric of Cirio	\$110.00	\$33.18	\$0.00	\$15.20	\$10.97		\$10,40	\$1.12	(FRV)	\$0.96
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13,37%	Ln 14 x Grwth Allwnc %	\$13,62	\$7,38	\$0.00	\$1,77	\$2.27	\$0.00	\$2.20	N/A	N/A	N/A
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 Qir End	\$100 :20	1.4628	00,00	\$10.00	V10:24	40.00	1 0.00	Ψ1.12	Q 0.03	\$0,50
18	Ortrly Routine Srvcs 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
	Quarterly Per Diem Add-on Amounts											
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 Srvs	Ln 19 Col b x CPS Add-on	\$0.92	\$0.92								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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 Quarterty 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									

Pı	rovider:	PruittHealth - Sur	nrise, LLC		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State- wide
Pi	rvár ID;	00143173A	Case Mix Per Diem Rate Effective Date:	10/1/2020	Growth Allowance: Qtrly BIMS score	N/A 30.4%	13.37% 2.5%	Base Period Overall CMI: Quarterly Medicaid CMI:	1,3624 1,4989	1.3617 1.5138
			MDS & Nurse Hrs Data per Quarter Ending:	06/30/20	Nurse Hours per On-Site Day/Quality Incentive:	4.07	3.0%	Orthy Meaid CMI w RUG Wight Options:	1.5263	1.5405
		. e. a. Tea espera deste assertant	Carrier, interestration of the contract of the contract of	Station and the second	erania de la contrata del contrata de la contrata del contrata de la contrata del contrata de la contrata del contrata de la contrata del contrata del la contrata del con	Sheet to be about the				1

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
			a a	- 344 b 1544 b	Section Constant	d		issue faces	g	g	area grappi h ili, a pros	5,000 1000
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0,41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,978,696	\$1,446,356	\$0	\$308,457	\$188,495	\$220,501	\$462,134	\$144,358	\$208,395	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$58,620)	(\$2,358)	\$0	(\$869)	\$0	\$0	(\$55,393)		(\$20,929)	\$20,929
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,920,076	\$1,443,998	\$0	\$307,588	\$188,495	\$220,501	\$406,741	\$144,358	\$187,466	\$20,929
8	Total Nursing Facility Days As Filed Days = 21,352	FY12 Audited C/R Days	21,352									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,808	FY 18 GL-PL Ins Rpt Days								19,808		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	£n 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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.64								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Stres)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$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	\$0,98
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$13,68	\$6,64	\$0.00	\$1.93	\$2.56	\$0.00	\$2.55	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$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	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x £n 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
	Quarterly Per Diem Add-on Amounts											
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 Srvs)	Lrt 19 Col b x CPS Add-on	\$2.15	\$2.15								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Coi b x Sting 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		1	1	1	I	I	I	I	I

1	rovider: PruittHealth - Swainsboro, LLC rvdr ID: 00143195A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020		owth Allowance: Nrly BIMS score		Add-on Percent 13.37% 2.5% 3.0%		Quarterly	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.4255 1.5144 1.5407	State- wide 1.3617 1.5138 1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
С	ASE MIX BASED RATE CALCULATIONS		а	b.	С	d	е	f	g	g	h	i (1)
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range wilhin Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	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 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0,41		50.0% 105.0% \$0,37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Stycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rot	\$5,119,026	\$2,891,203	\$0	\$435,802	\$347,652	\$266,372	\$680,876	\$247.815	\$249,306	so
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$101,673)	(\$10,147)	\$0	(\$297)	(\$1,732)	(\$1,002)	(\$87,254)	\$247,010	(\$32,185)	\$30,944
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,017,353	\$2,881,056	\$0	\$435,505	\$345,920	\$265,370	\$593,622	\$247,815	\$217,121	\$30,944
8	Total Nursing Facility Days As Filed Days = 33,677	FY12 Audited C/R Days	33,677								-	
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,277	FY 18 GL-PL Ins Rpt Days								29,277		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7/Ln 8 Cot 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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$60.02								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$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
	Quarterly Per Diem Rate Prior to Add-ons										(17.47)	
15	Growth Allowance Percentage = 13.37%	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		<u>1.5407</u>								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.83								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlhr = Ln 16	\$178.33	\$104.83	\$0.00	\$14.66	\$20.58	\$0.00	\$19.99	\$8.46	\$8.89	\$0.92
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Afwd] x .75, up to max, or 0)	(see 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 Srvs)	Ln 19 Col b x CPS Add-on	\$2.62	\$2.62								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng 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 Quarterly Case Mix Based Per Diem Rate

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$202.72

\$139.22

\$111.12

\$0.00

\$14.88

\$20.99

\$0.00

\$37.46

\$8.46

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

\$8.89

\$0.92

	rovider: PruittHealth- Sylvester rvdr ID: 00143206A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020		with Allowance: rly BIMS score		Add-on Percent 13.37% 1.0% 3.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.3730 1.2696 1.2911	State- wide 1.4014 1.5138 1.5405
Lîne	Description	Sources <i>l</i> Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
-			a a	b	С	d	е	25545 (2555)	g	· Mantenetanienienie	ethere e h the samilj	Spander.
<u></u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85,0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$517,210)	\$0	\$0	\$0	\$0	\$0	(\$517,210)		(\$21,498)	\$21,498
7	Cost Center Costs After Audit Adjustments	12/31/14 Audited C/R	\$4,069,279	\$1,830,958	\$0	\$352,690	\$278,432	\$442,485	\$540,391	\$281,499	\$321,326	\$21,498
8	Total Nursing Facility Days As Filed Days = 27,754	12/31/14 Audited C/R Days	27,754									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,792	FY 18 GL-PL Ins Rpt Days								38,792		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9 / £n 10		\$48,05								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = En 11, AilOthr = En 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 Srvcs)	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	\$0.77
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13,4%	Ln 14 x Grwth Allwnc %	\$13.87	\$6.42	\$0.00	\$1.70	\$3.15	\$0.00	\$2,60	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$135.29	\$54.47	\$0.00	\$14.41	\$26.70	\$0.00	\$22.07	\$7.26	\$9.61	\$0.77
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2911			,			1	2	72
18	Ortrly Routine Srvcs 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
	Out of the Burning State of the											
20	Quarterly Per Diem Add-on Amounts 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 Srvs)	Ln 19 Col b x CPS Add-on	\$0.70	\$0.53	20.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Sivs)	Ln 19 Col b x Sting Add-on	\$2.11	\$0.70								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17,10	\$2.11					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Los 20 thru 23	\$21.03	\$3.34	\$0.00	\$0.22	\$0.00	\$0.00	\$17,10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$172.18	\$73.67	\$0.00	\$14.63	\$26.70	\$0.00	\$39.54	\$7.26	\$9,61	\$0.77
-	The state of the s	MARK THE T MARK NOTE	7112.10	\$10.01	40.00	714.03	320.10	30.00	\$39,54	\$1.20	93,61	\$0.11

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$116.31

Facility Add-on State-Facility PruittHealth - Toomsboro, LLC Provider: Add-on Data and Percentages Score Percent Case Mix Index (CMI) Data Specific wide Prvdr ID: 00409494A Growth Allowance: N/A 13.37% Base Period Overall CMI: 1.3444 1,3617 Case Mix Per Diem Rate Effective Date: 10/1/2020 Qlrly BIMS score 40.6% 2.5% Quarterly Medicaid CMI; 1.6051 1,5138 MDS & Nurse Hrs Data per Quarter Ending: 06/30/20 Nurse Hours per On-Site Day/Quality Incentive: 3.28 3.0% Ortrly Moaid CMI w RUG Wight Options: 1.6337 1.5405

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
10.73			а	b	c	đ	e	f	g	g	h	
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sízes	1 All Facilities All Bed Sizes	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 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105,0% \$0,37			
_	Base Period Per Diem Allowed Amounts											
5 6	As Filed Cost Center Costs (Routine & Special Srycs Combined)	As Fifed 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
7	Audit Adjustments and Realiocations to Cost Center Costs Cost Center Costs After Audit Adjustments	FY12 C/R Audit Adjstmts FY12 Audited C/R	(\$61,734) \$3,014,825	(\$5,005) \$1,539,989	\$0 \$0	(\$758) \$302,060	(\$882) \$186,249	\$102 \$250,557	(\$55,009) \$397,228	; [(\$25,537)	\$25,355
8	Total Nursing Facility Days As Filed Days = 20,394	FY12 Audiled C/R Days	20,394	\$1,555,565	30	\$302,000	\$100,249	\$230,557	\$397,220	\$149,170	\$164,217	\$25,35
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,031	FY 18 GL-PL Ins Rpt Days	20,094							20,031		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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	\$1.2
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	VIII.55	1.3444	45.00		421.12	(,	0.0.40	Ψ1.40	\$0.05	Ψ1.Z·
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.17								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AilOthr = Ln 9		\$56,17	\$0.00	\$14.81	\$21.42		\$19,48	\$7.45	\$8.05	\$1.2
13	Per Diem Standards (After Statewide CMA for Routine Srycs)	per Peer Group Limits		\$71,51	\$0,00	\$18,41	\$23.09		\$20.56	\$0.00	N/A	* .,_
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$134.56	\$56.17	\$0.00	\$14,81	\$21.42		\$19.48	\$7.45	13,99	\$1.2
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwric %	\$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)	Լո 14 + Լո 15	\$149.51	\$63,68	\$0.00	\$16,79	\$24.28	\$0.00	\$22.08	\$7.45	\$13.99	\$1.2
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	******	1.6337	77,70	1	V 225		722.00	*****	¥10.00	¥1.2
18	Ortrly Routine Srvcs 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	\$1.2
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Ahwd] x .75, up to max, or 0)	(see 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 Srvs)	Ln 19 Col b x CPS Add-on	\$2.60	\$2.60			, , , , ,				23,44	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting 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
					L	1 1		L	L	1		

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$147.83

Facility Add-on Facility State-Provider: PruittHealth - Valdosta Add-on Data and Percentages Score Percent Case Mix Index (CMI) Data Specific wide_ 00141369A Prvdr ID; Growth Allowance; N/A 13.37% Base Period Overall CMI: 1.6176 1.3617 Case Mix Per Diem Rate Effective Date: 10/1/2020 Qtrly BIMS score 37.5% 2.5% Quarterly Medicaid CMI: 1,6913 1.5138 MDS & Nurse Hrs Data per Quarter Ending: 06/30/20 Nurse Hours per On-Site Day/Quality Incentive: 3.28 3.0% Ortrly Moaid CMI w RUG Wight Options: 1.7247 1.5405

<u> </u>	mbo a raiserno bala per quarter chang.	00/30/20 Naise 1 louis p	or Orrolle Daylo	tobilly mocnitie.	0.20	5,070	Citily Wood	I CIVII W ICOG	wygnt Options:		1./24/	1.5405
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	ď	e -	f	g	g	Sections by the section	arga 1 655-
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,327,017	\$2,993,919	\$0	\$460,159	\$341,308	\$275,624	\$816,515	\$235,785	\$203,707	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$97,943)	(\$5,060)	\$0	\$0	(\$2,159)	(\$2,649)	(\$86,789)		(\$37,125)	\$35,839
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,229,074	\$2,988,859	\$0	\$460,159	\$339,149	\$272,975	\$729,726	\$235,785	\$166,582	\$35,839
8	Total Nursing Facility Days As Filed Days = 33,103	FY12 Audited C/R Days	33,103									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,977	FY 18 GL-PL Ins Rpt Days								31,977		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 <u>Case Mix Index</u> for All Residents	from 4 atrs of FY12		<u>1.6176</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.82								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Stres)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$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
	Quarterly Per Diem Rate Prior to Add-ons										(17.47	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14.54	\$7.46	\$0.00	\$1,86	\$2.47	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.20	\$63.28	\$0.00	\$15.76	\$20,96	\$0.00	\$23.31	\$7.37	\$9.44	\$1.08
17	Quarterly Facility Case Mix Index for Medicald Residents	per Current Qtr End	j	<u>1.7247</u>								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Լո 16 x Lп 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
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0,53	\$0,00	\$0.22	\$0.41	\$0,00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.73	\$2,73								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Coi 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
						·····		L				

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$145.67

1	Provider: PruittHealth - Virginia Park	•	Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	e Mix Index (C	CMI) Data		Facility Specific	State- wide
Į F	Prvdr ID: 00140401A Case Mix Per Diem Rate Effective Date:	10/1/2020		owth Allowance: htrly BIMS score	N/A 38.3%	13.37% 2.5%			d Overall CMI:		1.4219	1.3617
	MDS & Nurse Hrs Data per Quarter Ending:		er On-Site Day/Q		3,64	2.5% 3.0%	Ortrly Meald		Medicaid CMI: Wght Options:		1.5188 1.5457	1.5138 1.5405
				A		14.5 050.001		i	Factoria and	I I		
Line	ē .	Sources /	Totals	Routine	Special	Dietary	Laundry &	Plant Operators	Admin and	A&G-GL-PL	Property and	Taxes and
#		Calculations		Services	Services	Dictar,	Houskpng	& Maint	General	Insurance	Related	Insurance
			а	b	Harris Company	d	e	f.	g	g	- h	Special distance
2	CASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
1_	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards; Percentile Peer Group Standards; Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
4		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5		As Filed FY12 C/R -FY 2018 GL-PL Rpt	CO E 47 00C	\$4,755,817	£0	6740 520	6000 750	6000 007	64 007 704	6000 404	A700 404	
6	As Filed Cost Center Costs (Routine & Special Sives Combined) Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	\$8,547,096 \$7.650		\$0 \$0	\$719,530 \$0	\$339,759	\$298,657	\$1,327,791	\$306,121	\$799,421	\$0
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,554,746	(\$7,451) \$4,748,366	\$0 \$0	\$0 \$719,530	\$32,997 \$372,756	\$27,922 \$326,579	(\$111,623) \$1,216,168	\$306,121	(\$8,698) \$790,723	\$74,503 \$74,503
8		FY12 Audited C/R Days	40,111	\$4,740,300	Şu	\$1 15,550	\$312,130	2020,019	\$1,210,100	\$300,121	\$190,123	\$74,503
"	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,304	FY 18 GL-PL Ins Rpt Days	40,111							41,304		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srycs	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		from 4 gtrs of FY12	\$210.00	1.4219	Ψ0.00	\$17,54	\$11,43	(was cony	450.52	\$1.41	Ş13.71	\$1,00
11		Ln 9 / Ln 10		\$83.26								
12		RS = Ln 11, AllOthr = Ln 9		\$83.26	\$0.00	\$17.94	\$17,43		\$30,32	\$7.41	\$19,71	\$1.86
13	1	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$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	\$1.86
							•		,		(FRV)	
45	Quarterly Per Diem Rate Prior to Add-ons	1.440.4.11										
15		Ln 14 x Grwth Allwnc % Ln 14 + Ln 15	\$17.04	\$9,56	\$0.00	\$2,40	\$2.33	\$0.00	\$2.75	N/A	N/A	N/A
16 17		per Current Qtr End	\$165.65	\$81.07	\$0.00	\$20.34	\$19.76	\$0,00	\$23,31	\$7.41	\$11.90	\$1.86
18	,	Ln 16 x Ln 17		<u>1.5457</u> \$125,31								
19		RS = Ln 18, AliOlhr = Ln 16	\$209.89	\$125,31	\$0.00	\$20.34	\$19.76	\$0.00	\$23.31	\$7.41	\$11.90	\$1.86
"	dualterly intedicate divin Allowed Let Dietil	10 21 10,7 0.0 0.0 0.0 10	\$205.05	\$123.31	\$0.00	\$20.54	\$19.70	\$0,00	\$23,31	37,41	\$11.90	\$1.00
1	Quarterly Per Diem Add-on Amounts											
20		(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0,41	\$0.00	\$0.00		\$0.00	
21		En 19 Col b x CPS Add-on	\$3,13	\$3.13								
22		Ln 19 Col b x Stfng Add-on	\$3.76	\$3.76								
23		(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	En 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									

Facility Add-on Facility State-Provider: Pruitt Health - Washington Add-on Data and Percentages Score Percent Specific Case Mix Index (CMI) Data wide 00143569A Prvdr ID: Growth Allowance: N/A 13.37% Base Period Overall CMI: 1.5606 1.3617 Case Mix Per Diem Rate Effective Date: 10/1/2020 Qtrly BIMS score 47.1% 5.5% Quarterly Medicaid CMI; 1.6590 1.5138 MDS & Nurse Hrs Data per Quarter Ending: Nurse Hours per On-Site Day/Quality Incentive: 3.29 3.0% Orthy Moaid CMI w RUG Wight Options: 1.6907 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
1.2.1			egenia a l vigne	ARTON DESIGNATION		d d	e	in the state of th	g	g	h	galyki l asen
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for adual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts	As Filed FY12 C/R -FY 2018 GL-PL Rot	60 440 400	64.050.400		6000.046	6440.004	****	2227.000	0440.004	*0.4400	
6	As Filed Cost Center Costs (Routine & Special Srvcs Combined) Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	\$2,448,193 (\$44,144)	\$1,253,489 (\$2,500)	\$0 \$0	\$233,916 (\$600)	\$148,864 \$0	\$206,817 \$1,342	\$397,926	\$113,081	\$94,100	\$0
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,404,049	\$1,250,989	\$0 \$0	\$233,316	\$148,864	\$208,159	(\$42,386) \$355,540	\$113,081	(\$21,413) \$72,687	\$21,413 \$21,413
8	Total Nursing Facility Days As Filed Days = 16,572	FY12 Audited C/R Days	16,572	\$1,200,000		4200,010	Q140,004	\$2.00,100	4000,040	\$115,001	\$12,001	921,413
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 14,786	FY 18 GL-PL Ins Rpt Days	12,212							14,786		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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	-			(1	V ,,55	• 1,00	V2 0
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48,37								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 (or Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$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	\$1.29
											(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons 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	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$136.08	\$54,84	\$0.00	\$1.00 \$15.96	\$2.00	\$0.00	\$2.75	\$7.65	\$8.61	N/A \$1.29
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$150.00	1.6907	φυ.υυ	\$10.30	924.42	30.00	323.31	\$7.00	\$0.01	\$1.29
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.72	:							
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$173.96	\$92.72	\$0.00	\$15.96	\$24.42	\$0.00	\$23.31	\$7.65	\$8.61	\$1.29
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1,16	\$0,53	\$0.00	\$0,22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$5.10	\$5,10	\$0.00	50.22	\$0.41	₩0.00	90.00		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.78	\$2.78								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	42.70					\$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
<u> </u>	-				,			L	L	*****		

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$137.25

1	Provider: PruittHealth - West Atlanta Prvdr ID: 00256088A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020 06/30/20 Nurse Hours		owth Allowance; Nrty BIMS score	,	Add-on Percent 13.37% 1.0% 2.0%		Quarterly	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.3473 1.3072 1.3284	State- wide 1,3617 1,5138 1,5405
	ine # Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	CASE MIX BASED RATE CALCULATIONS		а	erigina birmiya	C	A dame	е	f	g	g	(1991)	
	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			
3	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
i	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs Combined) Audit Adjustments and Reallocations to Cost Center Costs	As Filed FY12 C/R -FY 2018 GL-PL Rp FY12 C/R Audit Adjstmts	\$6,403,277 (\$116,610)	\$3,356,562 (\$7,200)	\$0 \$0	\$587,511 (\$894)	\$437,095 \$579	\$551,516 \$731	\$917,961 (\$110,176)	\$288,717	\$263,915 (\$63,714)	\$0 \$64,064
8	7 Cost Center Costs After Audit Adjustments 8 Total Nursing Facility Days As Filed Days = 39,588 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,621	FY12 Audited C/R FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	\$6,286,667 39,588	\$3,349,362	\$0	\$586,617	\$437,674	\$552,247	\$807,785	\$288,717 34,621	\$200,201	\$64,064
10	9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs 10 Base Period Facility <u>Case Mix Index</u> for All Residents 11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 7 / Ln 8 Col a from 4 qtrs of FY12 Ln 9 / Ln 10	\$159.86	\$84,61 <u>1,3473</u> \$62,80	\$0,00	\$14.82	\$25.01	(with L&H)	\$20,40	\$8.34	\$5.06	\$1.62
1:	12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs 13 Per Diem Standards (After Statewide CMA for Routine Srvcs) 14 Base Period Case Mix Adjusted Allowed Per Diem	RS = Ln 11, AliOthr = Ln 9 per Peer Group Limits Lesser of Ln 12 or Ln 13	\$141.13	\$62.80 \$71.51 \$62,80	\$0,00 \$0.00 \$0,00	\$14.82 \$18.41 \$14.82	\$25.01 \$23.09 \$23.09		\$20.40 \$20.56 \$20,40	\$8,34 \$0.00 \$8,34	\$5.06 N/A 10.06 (FRV)	\$1.62 \$1.62
16	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13.37% CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 x Grwth Allwnc % Ln 14 + Ln 15	\$16.20 \$157.33	\$8.40 \$71.20	\$0,00 \$0.00	\$1,98 \$16.80	\$3.09 \$26,18	\$0.00 \$0.00	\$2.73 \$23.13	N/A \$8.34	N/A \$10.06	N/A \$1.62
18	17 Quarterty Facility <u>Case Mix Index</u> for Medicaid Residents 18 Qrtrfy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem 19 Quarterfy Medicaid CMA Allowed Per Diem	per Current Qtr End Ln 16 x Ln 17 RS = Ln 18, AllOthr = Ln 16	\$180.71	1.3284 \$94.58 \$94.58	\$0.00	\$16,80	\$26.18	\$0.00	\$23.13	\$8.34	\$10.06	\$1.62
21		(see Policy Manual) Ln 19 Col b x CPS Add-on Ln 19 Col b x Stfng Add-on	\$0.87 \$0.95	\$0.53 \$0.95	\$0.00	\$0,22	\$0.00	\$0.00	\$0.12		\$0.00	
23 24	Nursing Home Provider Fee Total Quarterly Per Diem Add-on Amounts	(Fixed Amount) Sum of Lns 20 thru 23	\$1,89 \$17.10 \$20.81	\$1,89 \$3,37	\$0,00	\$0.22	\$0.00	\$0.00	\$17.10 \$17.22	\$0.00	\$0.00	\$0.00
-	Quarterly Case Mix Based Per Diem Rate Quarterly Per Diem Rate for Bed Hold and Leave Days	Ln 19 + Ln 24 (Ln 25 - Ln 23) * 0.75	\$201.52 \$138.32	\$97.95	\$0.00	\$17.02	\$26.18	\$0.00	\$40.35	\$8.34	\$10.06	\$1.62

Facility Add-on Facility State-PruittHealth Augusta Hills Add-on Data and Percentages Score Percent Case Mix Index (CMI) Data Specific wide 00245055A Prvdr ID: 13,37% Growth Allowance: N/A Base Period Overall CMI: 1.4845 1.3617 Case Mix Per Diem Rate Effective Date: 10/1/2020 Qtrly BIMS score 35,1% 2.5% Quarterly Medicaid CMI: 1,5606 1.5138 MDS & Nurse Hrs Data per Quarter Ending: Nurse Hours per On-Site Day/Quality Incentive; 3,40 3.0% Ortrly Moaid CMI w RUG Wight Options: 1.5877 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
	ACE MAY DACED DATE OAL OUL ATIONS		а	ajanga banga	C	d	e de la constante de la consta	i	g	g	die geläherikke.	n kiti (i i i i je i i
<u>-</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105,0% \$0,37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Stycs 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 Adjstmts	(\$134,996)	(\$5,407)	\$0	(\$1,267)	(\$4,788)	(\$4,137)	(\$115,669)		(\$64,266)	\$60,538
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,037,763	\$3,375,002	\$0	\$616,641	\$437,167	\$327,625	\$665,338	\$303,153	\$252,299	\$60,538
8	Total Nursing Facility Days As Filed Days = 37,879	FY12 Audited C/R Days	37,879									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,432	FY 18 GL-PL Ins Rpt Days								30,432		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$161.35	\$89.10	\$0.00	\$16.28	\$20.19	(with L&H)	\$17.56	\$9.96	\$6,66	\$1,60
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4845								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.02								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlhr = 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 Srvcs)	per Peer Group Limits		\$71,51	\$0.00	\$18.41	\$23.09		\$20,56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of En 12 or En 13	\$134.65	\$60.02	\$0,60	\$16.28	\$20,19		\$17.56	\$9.96	9,04	\$1,60
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$15.25	\$8.02	\$0.00	\$2,18	\$2.70	\$0,00	\$2.35	N/A	N/A	N/A
16	CMA Allowed Per Diern (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$149.90	\$68,04	\$0.00	\$18.46	\$22.89	\$0.00	\$19.91	\$9.96	\$9.04	\$1.60
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5877		4.0.7	V		(1.0,2)	40,04	40.07	
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.03								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$189.89	\$108,03	\$0.00	\$18.46	\$22.89	\$0.00	\$19.91	\$9,96	\$9,04	\$1,60
	Quarterly Per Diem Add-on Amounts											
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 Srvs)	Ln 19 Coi b x CPS Add-on	\$2.70	\$2.70								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.24	\$3.24								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.57	\$6.47	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$214.46	\$114.50	\$0.00	\$18.68	\$23.30	\$0.00	\$37.38	\$9.96	\$9.04	\$1,60
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$148.02						•			

	ovider: PruittHealth -Holly Hill ovdr ID: 00141479A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	Add-on Data and Percentages Growth Allowance: 10/1/2020 Qlrly BIMS score 06/30/20 Nurse Hours per On-Site Day/Quality Incentive:		21.8%	Add-on Percent 13,37% 1.0% 3.0%	Case Mix Index (CMI) Data Base Period Overall CMI; Quarterly Medicaid CMI; Qrtrly Mcaid CMI w RUG Wght Options:				Facility <u>Specific.</u> 1.4465 1.5885 1.6172	State- wide 1.3617 1.5138 1.5405	
Line #	Description	Sources <i>I</i> Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	ď	0	5000000 1 5000000	9	g	h	
<u>C,</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90,0% 100,0% \$0,53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100,0% \$0,41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,983,322	\$2,933,620	\$0	\$449,638	\$351,262	\$202,780	\$638,605	\$240,597	\$166,820	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit 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	FY12 Audited C/R Days	31,903									
	Total Nursing Facility Days GL-Pt, Ins, Rpt As Filed Days = 30,960	FY 18 GL-PL Ins Rpt Days								30,960		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.47								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Stvcs)	per Peer Group Limits		\$71.51	\$0,00	\$18.41	\$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
4.	Quarterly Per Diem Rate Prior to Add-ons											
15 16	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwric %	\$14.98	\$8.49	\$0.00	\$1.88	\$2.31	\$0,00	\$2.30	N/A	N/A	N/A
17	CMA Allowed Per Diern (After Growth Allowance Add-on)	Ln 14 + Ln 15 per Current Qtr End	\$144.39	\$71.96	\$0,00	\$15,97	\$19.61	\$0.00	\$19.52	\$7.77	\$8,91	\$0.65
18	Quarterly Facility Case Mix Index for Medicaid Residents	Ln 16 x Ln 17		<u>1.6172</u>								
19	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.80	\$116,37 \$116.37	\$0.00	\$15,97	\$19.61	\$0.00	\$19.52	\$7.77	\$8.91	\$0,65
	Quarterly Per Diem Add-on Amounts											
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 Srvs)	Ln 19 Col b x CPS Add-on	\$1.16	\$1.16	72,00		40071	15.00	75.57		\$3.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting 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	Quarterly Case Mix Based Per Diem Rate	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	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$146.24		L	1		L	3	11		

Provider: Prvdr ID:	PruittHealth -Jasper 00142436A	Case Mix Per Diem Rate Effective Date:	10/1/2020	Add-on Data and Percentages Growth Allowance; Qtrly BIMS score	Facility Score N/A 20.5%	Add-on <u>Percent</u> 13.37% 1.0%	Case Mix Index (CMI) Data Base Period Overall CMI: Quarterly Medicaid CMI;	Facility <u>Specific</u> 1.5432 1.6047	State- wide 1,3617 1,5138	
		MDS & Nurse Hrs Data per Quarter Ending:	06/30/20		N Salawa Gal	3.0%	Plant Admin	Property	1.5405 Taxes	3

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
3.7.5			а	b	С	d	• • • • • • • • • • • • • • • • • • •	f	g	g	h	eg kogá li nyaga
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facililies All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90,0% 100,0% \$0,00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37	VVIII - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,489,198	\$1,791,839	\$0	\$318,216	\$240,656	\$235,571	\$521,067	\$144,358	\$237,491	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$64,230)	(\$1,144)	\$0	(\$105)	(\$2,408)	(\$2,401)	(\$55,212)		(\$44,522)	\$41,562
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,424,968	\$1,790,695	\$0	\$318,111	\$238,248	\$233,170	\$465,855	\$144,358	\$192,969	\$41,562
8	Total Nursing Facility Days As Filed Days = 19,472	FY12 Audited C/R Days	19,472						į			
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,054	FY 18 GL-PL Ins Rpt Days								19,054		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59,59								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71,51	\$0.00	\$18.41	\$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	\$2.13
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Łn 14 x Grwlh Allwnc %	\$15.99	\$7.97	\$0,00	\$2.18	\$3.09	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$163,13	\$67.56	\$0.00	\$18.52	\$26.18	\$0,00	\$23.31	\$7.58	\$17.85	\$2.13
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6335						1		
18	Onny Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.36								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$205,93	\$110.36	\$0.00	\$18.52	\$26.18	\$0.00	\$23,31	\$7.58	\$17.85	\$2.13
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Sind - Ahrd] 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 Srvs)	Ln 19 Col b x CPS Add-on	\$1.10	\$1.10							,	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sifng 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		J	1		***************************************		L		
20	Quarterly Fer Dieni Rate for Bed Hold and Leave Days	(LN 23 - LN 23) - U,73	\$158.32									

Facility Add-on Facility State-PruittHealth -Lafayette, LLC Provider: Add-on Data and Percentages Score Percent Specific wide Case Mix Index (CMI) Data 00254394A Prvdr ID: Growth Allowance: N/A 13.37% Base Period Overall CMI: 1.2862 1,3617 Case Mix Per Diem Rate Effective Date: 10/1/2020 Otrly BIMS score 25.0% Quarterly Medicaid CMI: 1.0% 1.4220 1.5138 MDS & Nurse Hrs Data per Quarter Ending: 06/30/20 Nurse Hours per On-Site Day/Quality Incentive: 2.96 2.0% Ortrly Moaid CMI w RUG Wight Options: 1.4468 1.5405

Line #	Description	Sources / Calculations	Totals	Rouline Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d d	ne generalis	1988881 1 088888	g	g	-	3166 B. C.
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90,0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$93,574)	(\$9,162)	so	(\$1,591)	\$1,750	(\$1,029)	(\$84,777)		(\$19,897)	\$21,132
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,843,878	\$2,637,992	\$0	\$485,694	\$351,240	\$266,601	\$614,203	\$240,597	\$226,419	\$21,132
8	Total Nursing Facility Days As Filed Days = 32,593	FY12 Audited C/R Days	32,593									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,261	FY 18 GL-PL Ins Rpt Days								29,261		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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		<u>1,2862</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62,93								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$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	\$0,65
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$15.45	\$8.41	\$0,00	\$1,99	\$2.53	\$0.00	\$2.52	N/A	N/A	N/A
16	CMA Allowed Per Diern (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 Qir End		1.4468								
18	Ortrly Routine Srvcs 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
	Quarterly Per Diem Add-on Amounts											
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 Srvs)	Ln 19 Col อ x CPS Add-ดภ	\$1.03	\$1,03							·	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-an	\$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		I	1		I	<u> </u>			

1	rovider: PruittHealth -Lilburn, LLC rvdr ID: 00145527A	10/1/2020		owth Allowance: http://discore	43,0%	Add-on Percent 13.37% 2.5% 3.0%			d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.4971 1.7174 1.7484	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
- 11.11			а	b b	c	d	e	*	g	g	Villaguesth (1910/1917)	Wing 2.19 Will
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37	**************************************		
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$7,921,988	\$4,521,861	\$0	\$739,167	\$558,342	\$428,180	\$990,593	\$365,708	\$318,137	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$156,135)	(\$2,080)	\$0	\$0	(\$2,822)	(\$5,475)	(\$143,736)		(\$84,953)	\$82,931
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,765,853	\$4,519,781	\$0	\$739,167	\$555,520	\$422,705	\$846,857	\$365,708	\$233,184	\$82,931
8	Total Nursing Facility Days As Filed Days = 50,561	FY12 Audited C/R Days	50,561									
_	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 Srvcs	Ln 7 / Ln 8 Col a from 4 qtrs of FY12	\$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	Ln 9 / Ln 10		1.4971 \$59.71								
12	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11. AllOthr = Ln 9		\$59.71 \$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 Stres)	per Peer Group Limits		\$59.71 \$71.51	\$0.00	\$18.41	\$19.35		\$10.75	\$0,00	\$4.61 N/A	\$1.64
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	\$1.64
'-	·	ESSOCIONENTE SI EN 10	\$120,00	305,71	30.00	\$14.02	\$19.55		\$10.73	\$1.41	(FRV)	\$1.04
1.5	Quarterly Per Diem Rate Prior to Add-ons	1 - 44 - O- 45 - 15 - O		47.40								
15	Growth Alloward Percentage = 13.37%	Ln 14 x Grwih Allwnc % Ln 14 + Ln 15	\$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) Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$141.62	\$67,69	\$0,00	\$16,57	\$21.94	\$0,00	\$18.99	\$7.41	\$7.38	\$1.64
18	Qridy Routine Srycs Case Mix Adjistd (CMA) Net Per Diem	Ln 16 x Ln 17		<u>1.7484</u> \$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
	04.4.0.0										-	
20	Quarterly Per Diem Add-on Amounts 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 Srvs)	Ln 19 Col b x CPS Add-on	\$2.96	\$2,96	90.00	40.22	40.41	\$0.00	90.07		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.55	\$3.55								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17,10	73.30					\$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			!		1	1	4		

Facility Facility Add-on State-PruittHealth -Macon, LLC Provider. Score Percent Add-on Data and Percentages Case Mix Index (CMI) Data Specific wide Prvdr ID: 00141908A Growth Allowance: N/A 13,37% Base Period Overall CMI: 1.4638 1.3617 Case Mix Per Diem Rate Effective Date: 10/1/2020 Qtrly BIMS score 37.5% 2.5% Quarterly Medicaid CMI; 1.4900 1.5138 MDS & Nurse Hrs Data per Quarter Ending: 06/30/20 Nurse Hours per On-Site Day/Quality Incentive: 3.24 2.0% Ortro Mcaid CMI w RUG Woht Options: 1,5405 1.5162 Plant Admin Property Taxes Routine Special &G-GL-PL Laundry & Line Sources / Totals Dietary Operains and and and Description Services Services Houskpra Insurance Calculations & Maint General Related Insurance а d 1 C P g h **CASE MIX BASED RATE CALCULATIONS** Cost Center Peer Groups (see Policy Manual) 1 2 1 Type of Facility within Peer Group All Facilities All Facilities All Facilities Free Standing 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 (see Policy Manual) 90.0% 90.0% 90.0% 85.0% 50.0% 3 Peer Group Standards: Multiplier (see Policy Manual) 100.0% 100.0% 100.0% 100.0% 105.0% 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 As Filed FY12 C/R -FY 2018 GL-PL Rpt 5 As Filed Cost Center Costs (Routine & Special Srvcs Combined) \$11,857,372 \$6,829,497 \$0 \$921,338 \$874,444 \$653,027 \$1,547,849 \$548,562 \$482,655 \$0 6 FY12 C/R Audit Adjstmts Audit Adjustments and Reallocations to Cost Center Costs (\$23,336)\$0 (\$240,269)**SO** (\$247 \$55,018 (\$271,704) (\$133,221) \$133,221 Cost Center Costs After Audit Adjustments FY12 Audited C/R \$11.617.103 \$6,805,161 **S**0 \$921,338 \$874.197 \$708,045 \$1,276,145 \$548,562 \$349,434 \$133,221 8 Total Nursing Facility Days FY12 Audited C/R Days As Filed Days = 75,230 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 Srvcs Ln 7 / Ln B Col a \$169.04 \$98.93 \$0.00 \$13,39 \$23.00 (with L&H) \$18.55 \$8.15 \$5.08 \$1,94 10 from 4 glrs of FY12 Base Period Facility Case Mix Index for All Residents 1.4638 11 Ln 9/Ln 10 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$67,58 RS = Ln 11, AllOthr = Ln 9 12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs \$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 Srvcs) per Peer Group Limits \$71.51 \$0.00 \$18.41 \$23.09 \$20.56 \$0.00 N/A 14 Lesser of Ln 12 or Ln 13 Base Period Case Mix Adjusted Allowed Per Diem \$140.97 \$67.58 \$23,00 \$0.00 \$13,39 \$18,55 \$8,15 8.36 \$1.94 (FRV) Quarterly Per Diem Rate Prior to Add-ons Ln 14 x Grwth Allwac % 15 Growth Allowance Percentage = 13.37% \$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 per Current Qir End Quarterly Facility Case Mix Index for Medicaid Residents 1.5162 18 Ln 16 x Ln 17 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem \$116.17 19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$196.91 \$116.17 \$0.00 \$15.18 \$26,08 \$0.00 \$21.03 \$8,15 \$8.36 \$1.94 Quarterly Per Diem Add-on Amounts 20 Efficiency Add-on Per Diem ([Stnd - Alwd] 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 2.5% (to Routine Srvs) Ln 19 Col b x CPS Add-on BIMS Add-on Per Diem = \$2,90 \$2,90 Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs) 22 Ln 19 Col b x Stfng Add-on \$2.32 \$2,32 23 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$17,10 24 Sum of Lns 20 thrs 23 Total Quarterly Per Diem Add-on Amounts \$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 Quarterly Per Diem Rate for Bed Hold and Leave Days (Ln 25 - Ln 23) * 0.75 \$152,49

1	Provider: PruittHealth -Spring Valley, LLC Prvdr ID: 00143096A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020		owth Allowance; Mrly BIMS score	Facility Score N/A 33.3% 3.41	Add-on Percent 13.37% 2.5% 3.0%		Quarterly !	CMI) Data d Overall CMI; Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.3401 1.6069 1.6364	State- wide 1,3617 1,5138 1,5405
Line		Sources / Calculations	Totals	Routine Services h	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
9	CASE MIX BASED RATE CALCULATIONS		a a	anadas Designa	C	d	e	areas f acility	g	9	Highest have given	
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 3 4	Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0,37	ALALAHA ALALAHA ALALAHA ALALAHA ALALAHA ALALAHA ALALAHA ALALAHA ALALAHA ALALAHA ALAHA ALAHA ALAHA ALAHA ALAHA		
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs 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 7 8	Audit Adjustments and Reallocations to Cost Center Costs Cost Center Costs After Audit Adjustments	FY12 C/R Audit Adjstmts FY12 Audited C/R FY12 Audited C/R Days	(\$63,694) \$3,064,750	(\$852) \$1,594,864	\$0 \$0	\$0 \$306,856	(\$2,164) \$233,838	(\$2,923) \$182,815	(\$56,789) \$497,438	\$144,358	(\$15,218) \$90,329	\$14,252 \$14,252
9	Total Nursing Facility Days As Filed Days = 20,510 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,123 Net Per Diems prior to Case Mix Adjistmt to Routine Strocs	FY 18 GL-PL ins Rpt Days Ln 7 / Ln 8 Col a	20,610 \$149.67	\$77.38	\$0.00	\$14.89	\$20.22	(with L&H)	\$24.14	18,123 \$7,97	\$4.38	\$0.69
10 11	Base Penod Facility Case Mix Index for All Residents	from 4 qtrs of FY12 Ln 9 / Ln 10		<u>1.3401</u> \$57.74				,,		,	•	•
12 13 14	Per Diem Standards (After Statewide CMA for Routine Stres)	RS = Ln 11, AllOthr = Ln 9 per Peer Group Limits Lesser of Ln 12 or Ln 13	\$130.67	\$57.74 \$71.51 \$57.74	\$0.00 \$0.00 \$0.00	\$14,89 \$18.41 \$14.89	\$20.22 \$23.09 \$20.22		\$24.14 \$20.56 \$20.56	\$7.97 \$0.00 \$7.97	\$4.38 N/A 8.60	\$0.69 \$0.69
1-4	Quarterly Per Diem Rate Prior to Add-ons	Lesser of Ed 12 of Ed 13	\$130.07	\$),1c ¢	\$0.00	\$14.09	\$20.22		\$20.56	\$1.97	(FRV)	20.03
15 16 17	CMA Allowed Per Diem (After Growth Allowance Add-on) Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	En 14 x Grwth Allwnc % En 14 + En 15 per Current Qtr End	\$15.16 \$145.83	\$7,72 \$65,46 <u>1,6364</u>	\$0,00 \$0.00	\$1.99 \$16.88	\$2.70 \$22.92	\$0.00 \$0.00	\$2.75 \$23,31	N/A \$7,97	N/A \$8,60	N/A \$0,69
18 19	, , , , , , , , , , , , , , , , , , , ,	Ln 16 x Ln 17 RS = Ln 18, AllOthr = Ln 16	\$187.49	\$107,12 \$107.12	\$0.00	\$16.88	\$22.92	\$0,00	\$23,31	\$7.97	\$8,60	\$0,69
20		(see Policy Manual)	\$1,16	\$0.53	\$0.00	\$0,22	\$0.41	\$0,00	\$0.00		\$0,00	
21 22 23	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on Ln 19 Col b x Sting Add-on (Fixed Amount)	\$2.68 \$3.21 \$17,10	\$2.68 \$3.21					\$17.10			
24		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				-					

1	rovider: PruittHealth -Toccoa, LLC rvdr ID: 00143305A	10/1/2020		owth Allowance: httly BIMS score	Facility Score N/A 33.1% 3.25	Add-on Percent 13.37% 2.5% 3.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.5108 1.4384 1.4627	State- wide 1.3617 1.5138 1.5405
Line	Description	Sources / Calcutations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	ASE MIX BASED RATE CALCULATIONS		a	b	С	d d	e e	f f	g	9	h	gelige e i eccese
1		(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	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 3 4	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) (see Policy Manual) (see Policy Manual)		90,0% 100,0% \$0,53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
5 6 7 8	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs Combined) Audit Adjustments and Reallocations to Cost Center Costs Cost Center Costs After Audit Adjustments Total Nursing Facility Days As Filed Days = 60,191	As Filed FY12 C/R -FY 2018 GL-PL Rpt FY12 C/R Audit Adjstmts FY12 Audited C/R FY12 Audited C/R Days	\$8,489,354 (\$202,781) \$8,286,573 60,191	\$4,645,295 (\$18,549) \$4,626,746	\$0 \$0 \$0	\$873,232 (\$354) \$872,878	\$697,934 (\$6,453) \$691,481	\$433,691 (\$6,099) \$427,592	\$1,250,187 (\$169,982) \$1,080,205	\$435,481 \$435,481	\$153,534 (\$48,498) \$105,036	\$0 \$47,154 \$47,154
9 10 11	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 57,413 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Base Period Facility <u>Case Mix Index</u> for All Residents Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	FY 18 GL-PL Ins Rpt Days Ln 7 / Ln 8 Col a from 4 qtrs of FY12 Ln 9 / Ln 10	\$138.03	\$76.87 <u>1.5108</u> \$50.88	\$0.00	\$14.50	\$18.59	(with L&H)	\$17.95	57,413 \$7,59	\$1.75	\$0.78
12 13 14	Net Per Diems after Case Mix Adjstmt to Routine Srvcs Per Diem Standards (After Statewide CMA for Routine Srvcs) Base Period Case Mix Adjusted Allowed Per Diem	RS = Ln 11, AllOthr = Ln 9 per Peer Group Limits Lesser of Ln 12 or Ln 13	\$116.97	\$50.88 \$71.51 \$50.88	\$0.00 \$0.00 \$0.00	\$14.50 \$18.41 \$14.50	\$18.59 \$23.09 \$18.59		\$17,95 \$20.56 \$17.95	\$7,59 \$0.00 \$7,59	\$1.75 N/A	\$0.78
14	Quarterly Per Diem Rate Prior to Add-ons	LC3351 01 LH 12 01 LH 13	\$110,97	\$30,88	\$0,00	\$14,50	\$16.59		\$11.95	\$1.09	6.68 (FRV)	\$0.78
15 16 17 18	Growth Allowance Percentage = 13.37% CMA Allowed Per Diem (After Growth Allowance Add-on) Quarterfy Facility Case Mix Index for Medicaid Residents Qrtrly Routine Srycs Case Mix Adjstd (CMA) Net Per Diem	Ln 14 x Grwth Allwnc % Ln 14 + Ln 15 per Current Qir End Ln 16 x Ln 17	\$13,63 \$130,60	\$6,80 \$57.68 <u>1.4627</u> \$84,37	\$0,00 \$0.00	\$1.94 \$16.44	\$2.49 \$21.08	\$0,00 \$0.00	\$2.40 \$20,35	N/A \$7,59	N/A \$6,68	N/A \$0.78
19	Quarterfy Medicaid CMA Allowed Per Diem Quarterfy Per Diem Add-on Amounts	RS = Ln 18, AliOthr = Ln 16	\$157.29	\$84.37	\$0.00	\$16.44	\$21.08	\$0.00	\$20.35	\$7.59	\$6.68	\$0.78
20 21 22	Efficiency Add-on Per Diem (Sind - Alwd] x .75, up to max, or 0) BIMS Add-on Per Diem = 2.5% (to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	(see Policy Manual) Ln 19 Col b x CPS Add-on Ln 19 Col b x Sting Add-on	\$1.53 \$2,11 \$2.53	\$0.53 \$2.11 \$2.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
23 24	Nursing Home Provider Fee Total Quarterly Per Diem Add-on Amounts	(Fixed Amount) Sum of Lns 20 thru 23	\$17.10 \$23.27	\$5.17	\$0.00	\$0.22	\$0,41	\$0.00	\$17.10 \$17.47	\$0.00	\$0.00	\$0.00

25 Quarterly Case Mix Based Per Diem Rate

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$180.56

\$122.60

\$89.54

\$0.00

\$16.66

\$21.49

\$0.00

\$37.82

\$7.59

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

\$6.68

\$0.78

Facility Add-on Facility State-Provider: PruittHealth-Greenville Add-on Data and Percentages _Score_ Percent Specific Case Mix Index (CMI) Data wide 00140038A Prvdr ID: Growth Allowance: N/A 13.37% Base Period Overall CMI: 1.4082 1,3617 Case Mix Per Diem Rate Effective Date: 10/1/2020 Qtrty BIMS score 41.4% 2.5% Quarterly Medicald CMI; 1.4880 1.5138 MDS & Nurse Hrs Data per Quarter Ending: 06/30/20 Nurse Hours per On-Site Day/Quality Incentive: 3.01 3.0% Orthy Moaid CMI w RUG Wight Options: 1.5174 1,5405

L_	MOS & Nuise 113 Data per Quarter Chorig.	7,0,50 1,04,0 2	ar Orrone Dayro	taaky moentito.	0.01	3.0%	Qitily Modic		rrgali Options.		1.5174	1,5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dielary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	C	đ	e	f	g	g	h	naidei I para.
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100,0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Srvcs	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.4082</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$53.72								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Stros)	per Peer Group Limits Lesser of Ln 12 or Ln 13	2405.00	\$71.51	\$0,00	\$18.41	\$23,09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 of Ln 13	\$125,28	\$53,72	\$0.00	\$12.96	\$18.92		\$20.27	\$8.01	9.83 (FRV)	\$1.57
	Quarterly Per Diem Rate Prior to Add-ons										(LVA)	
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		<u>1.5174</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 16 x l,n 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
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Stnd - Atwd) 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 Srvs)	Ln 19 Col b x CPS Add-on	\$2.31	\$2.31							13,00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Sives)	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
						l			L	4		

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$133,05

(Ln 25 - Ln 23) * 0.75

1	rovider: Quiet Oaks Health Care Center		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (0	CMI) Data		Facility Specific	State- wide
P	rvdr ID: 00370851A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020 06/30/20 Nurse Hours		owth Allowance; htrly BIMS score huality Incentive;	N/A 41,7% 3,99	13.37% 2.5% 2.0%	Qrtrly Mcaid	Quarterly	d Overall CMI; Medicaid CMI; Wght Options;		1.2112 1,3172 1.3410	1,3617 1,5138 1,5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskprig	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
iliai,			а	b	C	d	е	f	g	tigitag meng	(1986) h	3000 1 50 3
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100,0% \$0.00	90,0% 100,0% \$0,22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srycs 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 Srvcs	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.2112</u>						İ		
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.21								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71,51	\$0.00	\$18.41	\$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
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13,37%	Ln 14 x Grwth Allwnc %	\$14.62	\$6,98	\$0,00	\$2,17	\$3,09	#D 00	\$2.38		\$174	N/A
16	Growth Allowance Percentage = 13.37% CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$14.62	\$6,98 \$59,19	\$0.00	\$18.38	\$3.09	\$0.00 \$0.00	\$2.38	N/A \$3,48	N/A \$9.86	\$1.45
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$130.70	1,3410	\$0.00	\$10.00	\$20,10	\$0,00	\$20.10	\$3,40	\$9.00	\$1.40
18	Ortrly Routine Srycs Case Mix Adjstd (CMA) Net Per Diera	Ln 16 x Ln 17		\$79,37								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$158.88	\$79.37	\$0.00	\$18.38	\$26.18	\$0.00	\$20.16	\$3.48	\$9.86	\$1.45
	Quarterfy Per Diem Add-on Amounts											
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 Srvs)	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 Srvcs)	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	(l.n 25 - l.n 23) * 0.75	\$122.68									

Provider: Quinton Memorial Health Care Prvdr ID: 00150279A H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending;	10/01/20 06/30/20 Nursi		Oata and Percentages Growth Allowance: BIMS:	Facility Score N/A 19.2% 3.54	Add-on Percent 13.37% 0.0% 3.0%		Quarter	riod Overall CMI; ty Medicaid CMI;		Facility Specific 1.2702 1.4485	State- wide 1.3617 1.5138
Line # Description	Sources / Calculations	Totals	te Day/Quality Incentive: Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatins & Maint	G Wght Options: Admin and General	A&G- GL-PL Insurance	1.4732 Property and Related	1,5405 Taxes and Insurance
CASE MIX BASED RATE CALCULATIONS		i diaming	distanting b oth translation	eraleette C elakkea	deset a	е	<u>Jasguar (</u> figiúltaiá)	lasting in the	<u> </u>	lh	<u> </u>
Cost Center Peer Groups peer Group Bed Size Range within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits			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			\$4000pminAndricks in warmer
Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums)			90.0% 100.0% \$0.53	90.0% 100.0% \$0,00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105,0% \$0,37			
Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL ins. Rpt FY2018 GL-PL ins. Rpt				4				\$ 12,007 41,659		
Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 95% of Std	FY 2012 Peer Group Limit	\$146.70	\$71.51 \$67.93		\$18.41 \$17.49	\$23.09 \$21.94		\$20.56 \$19.53		\$19.72 \$19.72	
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		\$16.97 \$163.96	\$9.08 \$77.01 <u>1.4732</u> \$113.45		\$2.34 \$19.83	\$2.93 \$24.87		\$2.61 \$22.14		\$19.72 (FRV Rale)	\$0.09
Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts		\$200.40	\$113.45		\$19.83	\$24,87		\$22,14	\$0.29	\$19.72	\$0.09
BIMS Add-on Per Diem = 0.0% to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$0.00 \$3,40	\$0.00 \$3.40								
Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts		\$17.10 \$20.50	0.40		1			17,10			
Quarterly Case Mix Based Per Diem Rate		\$220.90	\$116.86		\$19.83	\$24.87		\$39.24	\$0.29	\$19.72	\$0.09
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$152,85							1		, , , , , , , , , , , , , , , , , , , ,	

Privide ID: 0887207A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending: 101/12020 06/30/20 Nurse Hours per On-Site Day/Quality Incentive: 3.63 3.0% Quarter/ Medicald CMI:	1.4245 1.4499 Property and Related In	1,4245 1,4499 Property and Related In	1. 1. 1.
Case Description Sources Services	and Related In h	and Related If	ins
CASE MIX BASED RATE CALCULATIONS 1	\$478,092		
Cost Center Peer Group S Type of Facility within Peer Group Bed Size Range within Peer Group Standards & Efficiency Measure Limits See Policy Manual) See Manual) See Policy Manual) See P	1 1	\$478,092	
Cost Center Peer Group S Type of Facility within Peer Group Bed Size Range within Peer Group All Facilities All Bed Sizes All Bed Size	1 1	\$478,092	
Type of Facility within Peer Group Bed Sizes Range within Peer Group Bed Sizes Range within Peer Group Standards & Efficiency Measure Limits	1 1	\$478,092	
Peer Group Standards: Percentille (see Policy Manual) (see P	1 1	\$478,092	
Peer Group Standards: Multiplier (see Policy Manual) (see Po	1 1	\$478,092	
## Efficiency Measure Maximums (see line 20 for actual) Base Period Per Diem Allowed Amounts So. 53 So. 00 So. 22 So. 41 So. 37	1 1	\$478,092	
Base Period Per Diem Allowed Amounts As Filed FY12 C/R -FY 2018 GL-PL Rpt S6,119,462 S3,567,704 S0 S675,301 S331,978 S411,925 S644,456 S10,006	1 1	\$478,092	
As Filed Cost Center Costs (Routine & Special Srvcs Combined) As Filed FY12 C/R Audit Adjistmts FY12 C/R Audit Adjistmts Cost Center Costs After Audit Adjistments FY12 C/R Audit Adjistmts FY12 Audited C/R Total Nursing Facility Days FY18 GL-PL Ins Rpt Days Net Per Diems prior to Case Mix Adjistmt to Routine Srvcs FY12 Audited Special Srvcs Combined) As Filed FY12 C/R Audit Adjistmts FY12 Audited C/R S6,119,462 S3,567,704 S0 S675,301 S331,978 S411,925 S644,456 S10,006 S0 (\$2,389) S0 S0 (\$14,526) S10,006 S1	1 1	\$478,092	
6 Audit Adjustments and Reallocations to Cost Center Costs 7 Cost Center Costs After Audit Adjustments 8 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,984 7 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 333,329 9 Net Per Diems prior to Case Mix Adjustm to Routine Srvcs 10 Base Period Facility Case Mix Index for All Residents 1 FY12 Audited C/R Days \$6,103,330 \$3,566,098 \$0 \$672,912 \$331,978 \$411,925 \$629,930 \$10,006 \$6,103,330 \$3,566,098 \$0 \$672,912 \$331,978 \$411,925 \$629,930 \$10,006 \$6,103,330 \$3,566,098 \$0 \$672,912 \$331,978 \$411,925 \$629,930 \$10,006 \$6,103,330 \$3,566,098 \$0 \$672,912 \$331,978 \$411,925 \$629,930 \$10,006 \$6,103,330 \$3,566,098 \$0 \$672,912 \$331,978 \$411,925 \$629,930 \$10,006 \$6,103,330 \$3,566,098 \$0 \$672,912 \$331,978 \$411,925 \$629,930 \$10,006 \$6,103,330 \$3,566,098 \$0 \$672,912 \$331,978 \$411,925 \$629,930 \$10,006 \$6,103,030 \$10,006 \$10,006 \$10,006 \$10,006 \$6,103,030 \$10,006 \$10,006 \$10,006 \$6,103,030 \$10,006 \$10,006 \$10,006 \$6,103,030 \$10,006 \$10,006 \$6,103,030 \$10,006 \$10,006 \$6,103,030 \$10,006 \$10,006 \$6,103,030 \$10,006 \$10,006 \$6,103,030 \$10,006 \$10,006 \$6,103,030 \$10,006 \$10,006 \$6,103,030 \$10,006 \$10,006 \$6,103,030 \$10,006 \$10,006 \$6,103,030 \$10,006 \$10,006 \$6,103,030 \$10,006 \$10,006 \$6,103,030 \$10,006 \$10,006 \$6,103,030 \$10,0	1 1	*	3 2 l
Total Nursing Facility Days	1 134601	(\$486)	i
Total Nursing Facility Days GL-PL. Ins. Rpt	\$477,606	* '	'1
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs			
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs			
Total Marie Control of the Control o	\$13.65	\$13.65	35
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Ln 9/Ln 10 \$70.08			
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs RS = Ln 11, AllOthr = Ln 9 \$70.08 \$0.00 \$19.23 \$21.26 \$18.01 \$0.30	\$13.65	\$13.65	55
13 Per Diem Standards (After Statewide CMA for Routine Srvcs) per Peer Group Limits \$71.51 \$0.00 \$18.41 \$23.09 \$20.56 \$0.00	N/A	N/A	Α
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)	i	i i
Quarterly Per Diem Rate Prior to Add-ons Ln 14 x Grinth Allwing % \$17.08 \$9.37 \$0.00 \$2.46 \$2.84 \$0.00 \$2.41 N/A			
	N/A \$20,47	1	- 1
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 17 Quarterly Facility Case Mix Index for Medicaid Residents per Current Otr End 1,4499	\$20.47	\$20.47	*/
18 Ortriy Routine Srvcs Case Mix Adjetd (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	\$20.47	47
Quarterly Per Diem Add-on Amounts			
20 Efficiency Add-on Per Diem ((Stad - 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	\$0.00	00
21 BIMS Add-on Per Diem = 0.0% (to Routine Srvs) 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 Srvcs) Ln 19 Col b x Stfng Add-on \$3.46 \$3.46			
23 Nursing Home Provider Fee (Fixed Amount) \$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	00
25 Quarterly Case Mix Based Per Diem Rate Ln 19 + Ln 24 \$223.30 \$119.18 \$0.00 \$20.87 \$24.51 \$0.00 \$37.89 \$0.30		\$20.47	47
26 Quarterly Per Diem Rate for Bed Hold and Leave Days (Ln 25 - Ln 23) * 0.75 \$154.65	\$20.47		

1	rovider: Rehabilitation Center of South Georgia rvdr ID: 00143283A Case Mix Per Diem Rate Effective Date:	10/01/20	Qtr	th Allowance: ly BIMS score	40.5%	Add-on Percent 13,37% 2.5%	Cas		CMI) Data d Overall CMI: Medicaid CMI;		Facility Specific 1,1416 1,5532	State- wide 1.3699 1.5138
	MDS & Nurse Hrs Data per Quarter Ending:	06/30/20 Yurse Hours per	On-Site Day/Qua	ality Incentive:	3.42	3.0%	Ortrly Moaid	CMI w RUG \	Nght Options:		1,5804	1.5405
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	Applied by the con-	C.	e tagada jaga	e	::::::::::::::::::::::::::::::::::::::	g	g	h e h e n e	egeg i feeri
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0,53	90.0% 100,0% \$0,00	90.0% 100.0% \$0.22	85.0% 100,0% \$0.41		50,0% 105,0% \$0,37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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	FY13 Audited C/R Days	35,948									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 52,600	FY 18 GL-PL Ins Rpt Days								52,600		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	£n 7 / £n 8 Col a	\$127.32	\$70.82	\$0.00	\$14.35	\$19.36	(with L&H)	\$17.28	\$1.67	\$2.82	\$1.02
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		<u>1.1416</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9 / Ln 10		\$62.03								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AilOlhr = Ln 9		\$62.03	\$0.00	\$14.35	\$19.36		\$17.28	\$1.67	\$2.82	\$1.02
13	Per Diem Standards (After Statewide CMA for Routine Stress)	per Peer Group Limits		\$73.90	\$0.00	\$19.14	\$23.27		\$23.46	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$124.41	\$62.03	\$0.00	\$14.35	\$19.36		\$17.28	\$1.67	8.70	\$1.02
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Alfwnc %	\$15,11	\$8.29	\$0.00	\$1.92	\$2.59	\$0.00	\$2.31	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$139.52	\$70.32	\$0.00	\$16.27	\$21.95	\$0.00	\$19.59	\$1.67	\$8.70	\$1.02
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5804								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.13								
19	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
	Quadadu Bas Bian Add an America											
20	Quarterly Per Diem Add-on Amounts 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 Srvs)	Ln 19 Col b x CPS Add-on	\$2.78	\$0.33	\$0.00	30.22	Ψ0.41	\$5,00	Ψ0,07		ψυ,υψ	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.33	\$3.33								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17,10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.74	\$6.64	\$0.00	\$0.22	\$0.41	\$0,00	\$17,47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Լո 24	\$205.07	\$117.77	\$0,00	\$16.49	\$22.36	\$0.00	\$37.06	\$1.67	\$8.70	\$1.02
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$140.98		L	<u> </u>	1	L	1	I		

1	rovider. Reliable Health and Rehab		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index ((,	Facility Specific	State- wide
F	rvdr ID: 321026473A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020 06/30/20 Nurse Hours p		owth Allowance: htrly BIMS score huality Incentive:	44.6%	13.37% 2.5% 3.0%	Ortrly Meald	Quarterly I	d Overall CMI: Medicaid CMI: Wght Options:		1.4077 1.6069 1.6367	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	С	ď	e	f	g	g	h	alasta i chig
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90,0% 100.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%	All Bed Sizes	50.0% 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 Srvcs 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 Realiocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$59,101)	(\$11,188)	\$0	\$0	(\$4,484)	(\$11,377)	(\$40,459)		(\$52,872)	\$61,279
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,902,887	\$2,770,844	\$0	\$438,074	\$312,140	\$434,843	\$748,868	\$115,774	\$21,065	\$61,279
8	Total Nursing Facility Days As Filed Days = 33,132	FY12 Audited C/R Days	33,132									
	Total Nursing Facility Days GL-PL Ins, Rpt As Filed Days = 30,538	FY 18 GL-PL Ins Rpt Days								30,538		
9	Net Per Diems prior to Case Mix AdjsImt to Routine Srvcs	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		<u>1.4077</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.41								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Stress)	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
	Quarterly Per Diem Rate Prior to Add-ons										(ГЛ.V)	
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 Diern (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		<u>1,6367</u>								
18	Ortrly Routine Srvcs 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
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.15	\$0,53	\$0,00	\$0.22	\$0,40	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	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 Srvcs)	En 19 Coi b x Sting 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									

Provider. Renaissance Care and Rehab Center		Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	e Mix Index (0	CMI) Data		Facility Specific	State- wide
Prvdr ID: 00141754A Case Mix Per Diem Rate Effective D MDS & Nurse Hrs Data per Quarter End			owth Allowance: Yrly BIMS score Quality Incentive:	39.8%	13.37% 2,5% 3,0%	Qrlrly Meaid	Quarterly	d Overall CMI: Medicaid CMI: Wght Options:		1.5068 1.5735 1.6017	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
		interest a service.	b	С	d	е	1	g	ġ	h in the	4, 13 m i 15 mi 15.
CASE MIX BASED RATE CALCULATIONS											
Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	4,,000,011	\$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 7 Cost Center Costs After Audit Adjustments	FY12 C/R Audit Adjstmts FY12 Audited C/R	(\$704,220) \$6,682,624	(\$113,058) \$3,020,841	\$0 \$0	(\$8,120) \$625,704	(\$52,134) \$255,514	(\$92,943) \$290,890	(\$302,407) \$1,099,217	\$971,207	(\$189,527) \$365,282	\$53,969 \$53,969
8 Total Nursing Facility Days As Filed Days = 51,721	FY12 Audited C/R Days	51,744	\$3,020,641	30	\$020,704	\$233,514	\$2,50,090	\$1,089,217	3911,201	\$303,262	\$35,505
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 44,450	FY 18 GL-PL Ins Rpt Days	0.,							44,450		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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		<u>1.5068</u>								
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$38.74								
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0,00	\$18,41	\$23,09		\$20,56	\$0.00	N/A	
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$112.02	\$38.74	\$0.00	\$12.09	\$10.56		\$20.56	\$21,85	7.18 (FRV)	\$1.04
Quarterly Per Diem Rate Prior to Add-ons 15 Growth Allowance Percentage = 13,37%	Ln 14 x Grwth Allwnc %		25.45		24.00						
	Ln 14 + Ln 15	\$10.96 \$122.98	\$5.18 \$43.92	\$0.00 \$0.00	\$1.62 \$13.71	\$1,41 \$11.97	\$0.00 \$0.00	\$2,75 \$23,31	N/A \$21.85	N/A \$7.18	N/A \$1.04
16 CMA Allowed Per Diem (After Growth Allowance Add-on) 17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$122.90	1.6017	\$0.00	\$13.71	\$11.97	\$0.00	\$23.31	\$21.00	\$1.10	\$1.04
18 Orthy Routine Srvcs 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
Quarterly Per Diem Add-on Amounts											
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0,53	\$0.00	\$0,22	\$0.41	\$0.00	\$0.00		\$0.00	
21 BIMS Add-on Per Diem = 2.5% (to Routine S	vs) En 19 Col b x CPS Add-on	\$1.76	\$1.76								
22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting 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 Ens 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									

Provide	Resorts at Pooler			Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State- wide	
Prvdr II	D; 00238741A	Case Mix Per Diem Rate Effective Date:	10/1/2020	Growth Allowance: Qtrly BIMS score	N/A 34,3%	13.37% 2.5%	Base Period Overall CMI; Quarterly Medicald CMI;	1.2677 1.3036	1.3617 1.5138	
		MDS & Nurse Hrs Data per Quarter Ending:	06/30/20	Nurse Hours per On-Site Day/Quality Incentive:	2.55	2.0%	Ortrly Moaid CMI w RUG Wight Options:	1.3209	1,5405	
Line			So	urces / Totals Routine	Special	Dietary	Laundry & Plant Admin A&G-GL-PL.	Property and	Taxes and	1

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Eaundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
3.5.5.5			a	b	С	d	ė	ásisse facilitae	g	g	Good carpy h er describe	48,684 1 040.
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for adual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90,0% 100,0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Srvcs	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 qirs of FY12		1.2677								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	La 9/La 10		\$52.87								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = 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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$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	\$1.56
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwac %	\$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	\$102 .55	1.3209	\$5,00	\$15.25	411.01	\$5.00		\$0.00	\$7.0 1	\$1,00
18	Ortrly Routine Srvcs 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
	Quarterly Per Diem Add-on Amounts											
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 Srvs)	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 Srvcs)	Ln 19 Col b x Slfng Add-on	\$1.58	\$1.58								
23	Nursing Home Provider Fee	(Fixed Amount) Sum of Lns 20 thru 23	\$17.10		20.55			80.00	\$17.10			60.55
24	Total Quarterly Per Diem Add-on Amounts		\$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									

Provid	er. Ridgewood Manor Nursing Home		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State- wide
Prvdr	D: 00142744A		Growth Allowance:	N/A	13.37%	Base Period Overall CMI:	1.3042	1,3617
	Case Mix Per Diem Rate Effective Date;	10/1/2020	Qtrly BIMS score	44.8%	2.5%	Quarterly Medicaid CMI:	1.3318	1,5138
	MDS & Nurse Hrs Data per Quarter Ending:	06/30/20	Nurse Hours per On-Site Day/Quality Incentive:	3.22	3.0%	Ortrly Meald CMI w RUG Wight Options:	1.3525	1.5405

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskprig	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b		d	е	f	g	g	5000 (nah - 1700)	Januar I. Bara
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Srvcs	Ln 7 / Ln 8 Col a	\$148.53	\$86.94	\$0,00	\$15,85	\$20,20	(with L&H)	\$15.34	\$0.28	\$9.83	\$0.09
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1,3042								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66,66								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$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
	Quarterly Per Diem Rate Prior to Add-ons										(17.6)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$15.78	\$8.91	\$0.00	\$2.12	\$2.70	\$0.00	\$2.05	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Լո 14 + Լո 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 Medicald Residents	per Current Qtr End		<u>1.3525</u>								
18	Ortrly Routine Srvcs 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
	Quarterly Per Diem Add-on Amounts											
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 Srvs)	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 Srvcs)	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	\$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			<u></u>		L	L	Il		

						Facility	Add-on		Facility	State-
	Provider:	River Towne Center	•		Add-on Data and Percentages	Score	Percent_	Case Mix Index (CMI) Data	Specific Specific	wide
	Prvdr ID:	00082684A			Growth Allowance:	N/A	13.37%	Base Period Overall CMI:	1.4711	1.3617
			Case Mix Per Diem Rate Effective Date:	10/1/2020	Qirly BIMS score	58.7%	5.5%	Quarterly Medicaid CMI:	1.6401	1.5138
			MDS & Nurse Hrs Data per Quarter Ending:	06/30/20	Nurse Hours per On-Site Day/Quality Incentive:	3.20	2.0%	Ortrly Mozid CMI w RUG Wight Options:	1.6689	1.5405
1										

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	ь	c	d d	е	f	g	g	h .	dates in the contract of the c
2	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
5 6 7	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Sives Combined) Audit Adjustments and Reallocations to Cost Center Costs Cost Center Costs After Audit Adjustments	As Filed FY12 C/R -FY 2018 GL-PL Rpt FY12 C/R Audit Adjstmts FY12 Audited C/R	\$7,579,475 (\$767,781) \$6,811,694	\$3,742,499 (\$75,410) \$3,667,089	\$0 \$0 \$0	\$789,011 (\$1,345) \$787,666	\$419,448 \$2,452 \$421,900	\$517,410 (\$28,977) \$488,433	\$1,724,757 (\$670,810) \$1,053,947	\$75,197 \$75,197	\$311,153 (\$44,706) \$266,447	\$6 \$51,015 \$51,015
8	Total Nursing Facility Days As Filed Days = 59,741 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,467	FY12 Audited C/R Days FY 18 GL-PL ins Rpt Days	59,753		-		·	,		34,467	,	•
9 10 11	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Base Period Facility Case Mix Index for All Residents Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 7 / Ln 8 Col a from 4 qtrs of FY12 Ln 9 / Ln 10	\$114.91	\$61.37 <u>1.4711</u> \$41.72	\$0.00	\$13.18	\$15.23	(with L&H)	\$17.64	\$2.18	\$4.46	\$0.88
12 13	Net Per Diems after Case Mix Adjstmt to Routine Srvcs Per Diem Standards (After Statewide CMA for Routine Srvcs)	RS = Ln 11, AllOthr = Ln 9 per Peer Group Limits		\$41.72 \$71.51	\$0.00 \$0,00	\$13.18 \$18,41	\$15.23 \$23.09		\$17.64 \$20,56	\$2.18 \$0.00	\$4.46 N/A	\$0.8
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)	\$0.8
	Quarterly Per Diem Rate Prior to Add-ons											
15 16 17 18	Growth Allowance Percentage = 13.37% CMA Allowed Per Diern (After Growth Allowance Add-on) Quarterly Facility Case Mix Index for Medicaid Residents Qrtrly Routine Srycs Case Mix Adjstd (CMA) Net Per Diern	Ln 14 x Grwth Allwnc % Ln 14 + Ln 15 per Current Qtr End Ln 16 x Ln 17	\$11,74 \$110.00	\$5.58 \$47.30 <u>1.6689</u> \$78.94	\$0,00 \$0.00	\$1.76 \$14.94	\$2.04 \$17.27	\$0.00 \$0.00	\$2.36 \$20.00	N/A \$2.18	N/A \$7.46	N/A \$0.8
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$141.64	\$78.94 \$78.94	\$0,00	\$14.94	\$17.27	\$0.00	\$20.00	\$2.18	\$7.46	\$0.8
20	Quarterly Per Diem Add-on Amounts 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 Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on Ln 19 Col b x Silng Add-on	\$4.34 \$1.58	\$4.34 \$1.58	22,00			73.50			73.00	
22	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	-					\$17.10		4	4 5 -
24 25	Total Quarterly Per Diem Add-on Amounts Quarterly Case Mix Based Per Diem Rate	Sum of Lns 20 thru 23 Ln 19 + Ln 24	\$24.55 \$166.19	\$6.45 \$85.39	\$0.00	\$0.22 \$15.16	\$0,41 \$17.68	\$0.00	\$17.47 \$37.47	\$0.00 \$2.18	\$0.00 \$7.46	\$0.0 \$0.8
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$111.82	***************************************		1	1		<u> </u>	1		1

1	rovider: Riverdale Place Care and Rehab rvdr ID: 00083289A Case Mix Per Diem Rate Effective Date MDS & Nurse Hrs Data per Quarter Ending	: 10/1/2020		owth Allowance; ltrly BIMS score	45.4%	Add-on Percent 13.37% 5.5% 3.0%			d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1,5593 1,6130 1,6433	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	е	f	g	g	h h	25631 .
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Mulliplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100,0% \$0,41		50,0% 105,0% \$0,37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$7,549,117	\$3,503,673	\$0	\$703,323	\$313,173	\$455,189	\$1,705,397	\$77,587	\$790,77 5	\$0
6 7	Audit Adjustments and Reallocations to Cost Center Costs Cost Center Costs After Audit Adjustments	FY12 C/R Audit Adjstmts FY12 Audited C/R	(\$576,443) \$6,972,674	(\$241,794) \$3,261,879	\$0 \$0	(\$23,693) \$679,630	\$15,860 \$329,033	(\$5,010) \$450,179	(\$342,780) \$1,362,617	\$77,587	(\$22,844) \$767,931	\$43,818 \$43,818
8	Total Nursing Facility Days As Filed Days = 52,850 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 50,021	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	52,862							50,021		
10	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Base Period Facility Case Mix Index for All Residents	Ln 7 / Ln 8 Col a from 4 qtrs of FY12	\$132.00	\$61.71 <u>1.5593</u>	\$0.00	\$12.86	\$14.74	(with L&H)	\$25.78	\$1,55	\$14.53	\$0,83
11 12	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Net Per Diems after Case Mix Adjstmt to Routine Srvcs	Ln 9 / Ln 10 RS = Ln 11, AllOthr = Ln 9		\$39.57 \$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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$23.09		\$20.56	\$0.00	N/A	45,55
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
15	Quarterly Per Diem Rate Prior to Add-ons 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	\$1.72	\$16.71	\$0.00	\$2,75	\$1.55	\$8.79	\$0.83
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	7.13.30	1.6433	\$3.50	,,,,,,,,	7.0.11	15.50	,25.51	15	45.75	\$5.50
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diern	Ln 16 x £n 17		\$73.72								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AilOthr = Ln 16	\$139.49	\$73.72	\$0.00	\$14.58	\$16.71	\$0.00	\$23.31	\$1.55	\$8.79	\$0.83
	Quarterly Per Diem Add-on Amounts											
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		\$9.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	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 Srvcs)	l,n 19 Col b x Sifng Add∙on	\$2.21	\$2.21								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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									

Facility Add-on Facility State-Provider: Riverside Health & Rheab of Thomaston Add-on Data and Percentages Score Percent Case Mix Index (CMI) Data Specific wide Prvdr ID: 00140346A N/A 13.37% Growth Allowance: Base Period Overall CMI: 1.1990 1.3617 Case Mix Per Diem Rate Effective Date: 10/1/2020 Qtrly BIMS score 45.3% 5,5% Quarterly Medicaid CMI: 1.5048 1.5138 MDS & Nurse Hrs Data per Quarter Ending: Nurse Hours per On-Site Day/Quality Incentive: 3,63 3,0% Ortrly Moaid CMI w RUG Wight Options: 1.5315 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	31-12-14 d - 14-15-15	e	ingen f	g	g	h	28.438 1 8.638
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90,0% 100.0% \$0,53	90,0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
_	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Sives 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)	1 1	(\$20,760)	\$21,018
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,749,097	\$1,921,998	\$0	\$432,182	\$281,964	\$209,067	\$550,706	\$69,795	\$262,367	\$21,018
8	Total Nursing Facility Days As Filed Days = 26,092	FY12 Audited C/R Days	26,092									
_	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,564	FY 18 GL-PL Ins Rot Days								24,564		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 girs of FY12 La 9 / La 10		1.1990								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	RS = Ln 11, AllOthr = Ln 9		\$61.44	** **		****					
12 13	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	·		\$61,44	\$0.00	\$16.56	\$18.82		\$21.11	\$2.84	\$10.06	\$0.81
	Per Diem Standards (After Statewide CMA for Routine Stross)	per Peer Group Limits Lesser of Ln 12 or Ln 13	2400 50	\$71.51	\$0.00	\$18.41	\$23,09		\$20,56	\$0,00	N/A	***
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 of En 13	\$130.52	\$61.44	\$0.00	\$16.56	\$18.82		\$20.56	\$2,84	9,49 (FRV)	\$0,81
	Quarterly Per Diem Rate Prior to Add-ons										(17.17)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$15.69	\$8.21	\$0.00	\$2.21	\$2.52	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$146.21	\$69.65	\$0,00	\$18.77	\$21.34	\$0.00	\$23.31	\$2.84	\$9.49	\$0.81
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qir End		<u>1.5315</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 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
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0,00	\$0,22	\$0.41	\$0,00	\$0,00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col 5 x CPS Add-on	\$5.87	\$5.87							,	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting 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			1		L	<u> </u>	<u></u>		i

1	rovider: Riverside Healthcare Center rvdr ID: 00140324A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	Adi 10/01/20 06/30/20	Qtr	rth Allowance; ly BIMS score	44.6%	Add-on Percent 13,37% 2,5% 3,0%		Quarterly !	CMI) Data d Overall CMI Medicaid CMI Wght Options		Facility <u>Specific</u> 1.4742 1.3336 1.3559	State- wide 1.3699 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	to the Contract	d	Applie Cons	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	a diagram	in ingrane	ganggan h eganyahi	edded lewy
2	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstrnts	(\$86,958)	\$0	\$0	\$0	\$0	\$0	(\$86,958)		(\$68,512)	\$68,512
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$8,470,849	\$3,643,664	\$0	\$713,583	\$392,096	\$421,991	\$1,339,315	\$204,379	\$1,687,309	\$68,512
8	Total Nursing Facility Days As Filed Days = 52,821	FY13 Audited C/R Days	52,821									
	Total Nursing Facility Days GL-PL Ins, Rpt As Filed Days = 52,896	FY 18 GL-PL Ins Rpt Days								52,896		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$160,36	\$68.98	\$0,00	\$13.51	\$15.41	(with L&H)	\$25.36	\$3.86	\$31.94	\$1.30
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.4742								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.79								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$73,90	\$0.00	\$19.14	\$23.27		\$23.46	\$0.00	N/A	
14	Base Period Case Mix Adjusted Atlowed Per Diem	Lesser of En 12 or Ln 13	\$112.49	\$46.79	\$0,00	\$13.51	\$15.41		\$23.46	\$3.86	8.16 (FRV)	\$1.30
45	Quarterly Per Diem Rate Prior to Add-ons	Ln 14 x Grwth Ailwnc %										
15 16	Growth Allowance Percentage = 13.4%	Ln 14 x Grwin Allwinc %	\$13.27	\$6,26 \$53.05	\$0.00 \$0.00	\$1.81	\$2,06	\$0.00	\$3,14	N/A \$3.86	N/A	N/A
17	CMA Allowed Per Diem (After Growth Allowance Add-on) Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$125.76	1.3559	\$0.00	\$15.32	\$17.47	\$0.00	\$26,60	\$3,86	\$8.16	\$1.30
18	Qrtrly Routine Srvcs 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
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0,00	\$0.22	\$0,41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	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 Srvcs)	Ln 19 Col b x Sting 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 Dîem 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									

Provider: Riverview Health & Rehab Ctr Prydr ID: 00040741A		Add-on []	ata and Percentages Growth Allowance:	Facility Score N/A	Add-on Percent 13,37%		Case Mix Index	(CMI) Data	:	Facility Specific 1.2970	State- wide
H/B ?: No Case Mix Per Diem Rate Effective Date:	10/01/20		BIMS:	30.0%	1.0%			ly Medicaid CMI		1.4692	1.3617 1.5138
MDS & Nurse Hrs Data per Quarter Ending:		a House por On Si	e Day/Quality Incentive:	3.70	2.0%	Ortota M		g Wedicald Civil: G Weht Options:		1.4692	
MOS & Noise the Data per Quarter Ending.	00/30/20 140/5	e riouis per Oir-Sii	e Day/Quality incellite.	3.70	2.070	Celtify ivi	icatu Civii w Roi	G wagni Options:		1.4936	1.5405
Line Description	Sources /	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos	Admin and	A&G- GL-PL Insurance	Property and	Taxes and
# Description	Calculations			Cervices		riousitping	& Maint	General	in the second second	Related	Insurance
		i a	b	c	Lijag oddaratika	• • • • • • • • • • • • • • • • • • •	e direction	<u> </u>	ggyd Albeide	h	11
CASE MIX BASED RATE CALCULATIONS			1				•	,			
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											İ
Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%	į	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	ł	\$0.37			
Per Diem Costs and Add-ons											
GL-PL- Insurance Costs	FY2018 GL-PL ins. Rpt								\$ 183,420		
Total Nursing Facility Days GLPL, Ins. Rpt	FY2018 GL-PL ins. Rpt								52,177		1
Standard Per Diem (After CMA for Routine Srvcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56	1	\$29.14	
Allowed @ 95% of Std		\$156.48	\$67.93		\$17.49	\$21.94		\$19.53		\$29.14	\$0.45
Growth Allowance 13.4%		\$16.97	\$9.08		\$2.34	\$2.93		\$2.61			
CMA Allowed Per Diem (After Growth Alowance)		\$176.97	\$77.01		\$19.83	\$24.87		\$22.14	\$ 3.52	\$29.14	\$0.45
Quarterly Facility Case Mix Index for Medicaid Residents			<u>1.4936</u>							(FRV Rate)	
Ortly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem			\$115.03								
Quarterly Medicaid CMA Allowed Per Diem		\$214.98	\$115.03		\$19.83	\$24.87	İ	\$22.14	\$3,52	\$29.14	\$0.45
Quarterly Per Diem Add-On Amounts											
BIMS Add-on Per Diem = 1.0% to Routine Srvs)		\$1,15	\$1,15								1
Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%		\$2.30	\$2,30	:							l
Nursing Home Provider Fee		\$17.10	,					17.10			
Total Quarterly Per Diem Add-On Amounts		\$20.55					ļ				i
Quarterly Case Mix Based Per Diem Rate	··	\$235.53	\$118.48		\$19.83	\$24.87		\$39.24	\$3,52	\$29.14	\$0.45
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$163.82	,	•		·			1		,,	1

1	rovider: Roberta Health Care		Add-on Data and	l Percentages	Facility Score	Add-on Percent	Cas	e Mix Index ((CMI) Data	-	Facility Specific	State- wide
F	rvdr ID: 00142777A Case Mix Per Diem Rate Effective Date; MDS & Nurse Hrs Data per Quarter Ending;	10/1/2020 06/30/20 Nurse Hours p		owth Allowance: Qtrly BIMS score Quality Incentive:	50.8%	13.37% 5.5% 2.0%	Ortrly Meale		d Overall CMI: Medicaid CMI: Wght Options:	:	1,4576 1,5902 1,6180	1.3617 1.5138 1.5405
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	attend b consent	C	d	e	erdigi f egula.	g :		h	
<u>C/</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(and Deline Manual)		90.0%	90,0%	90.0%	85.0%		F0.000		ĺ	
3	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		100.0%	100.0%	100.0%	100.0%		50.0% 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	face couch warrant		\$0.55	\$0.00	QU.ZZ	30,41		30.37			
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,863,402	\$1,784,247	\$0	\$358,580	\$227,942	\$234,248	\$553,791	\$29,540	\$675,054	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$211,158)	(\$177,791)	\$0	(\$818)	(\$6,713)	\$9,266	(\$26,528)		(\$37,442)	\$28,868
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,652,244	\$1,606,456	\$0	\$357,762	\$221,229	\$243,514	\$527,263	\$29,540	\$637,612	\$28,868
8	Total Nursing Facility Days As Filed Days = 32,286	FY12 Audited C/R Days	32,286									
	Total Nursing Facility Days GL-PL Ins, Rpt As Filed Days = 29,995	FY 18 GL-PL Ins Rpt Days				1				29,995		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$113.18	\$49.76	\$0.00	\$11.08	\$14.39	(with L&H)	\$16.33	\$0.98	\$19.75	\$0.89
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4576								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10 RS = Ln 11, AliOthr = Ln 9		\$34,14	** **	*****						
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	· ·		\$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 Stress)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20,56	\$0,00	N/A	_
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of En 12 or En 13	\$84.68	\$34.14	\$0.00	\$11.08	\$14.39		\$16,33	\$0,98	6.87	\$0.89
15	Quarterly Per Diem Rate Prior to Add-ons	Ln 14 x Grwth Allwnc %	540.44	54.50	\$0.00	04.40	***	\$0.00	20.40		(FRV)	
16	Growth Allowance Percentage = 13.37% CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$10.14 \$94.82	\$4.56 \$38.70	\$0,00	\$1,48 \$12,56	\$1,92	\$0.00	\$2.18 \$18.51	N/A \$0.98	N/A	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$94.62	1,6180	\$0,00	\$12,50	\$16.31	\$0.00	\$16.51	\$0.98	\$6.87	\$0.89
18	Quarterly Facility Case Mix Index for Medicaid Residents Qrtdy Routine Srvcs 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
13	Quarterly Per Diem Add-on Amounts	110 - 21 10, 7110111 - 21 10	\$110.74	\$02.02	\$0.00	\$12,30	\$10,01	\$0.00	\$10,51	\$0.86	\$0.07	\$0.69
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 Srvs)	Ln 19 Col b x CPS Add-on	\$3,44	\$3,44	\$0.00	\$0,22	\$0,41	\$5.55	\$0.07		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1,25	\$1,25								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17,10	\$1,23					\$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	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$142.06	\$67.84	\$0.00	\$12.78	\$16.72	\$0.00	\$35.98	\$0.98	\$6.87	\$0.89
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$93.72			•			• • • • • • • • • • • • • • • • • • • •	•		
27	Minimum Quarterly Case Mix Based Per Diem Rate		\$147.00									
28	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0,75	\$97.43									

					Facility	Add-on		Facility	State-
Provider:	Rockdale Healthca	ге		Add-on Data and Percentages	Score	Percent	Case Mix Index (CMI) Data	<u>Specific</u>	wide
Prvdr ID:	00838252A			Growth Allowance:	N/A	13.37%	Base Period Overall CMI:	1.6517	1.3617
		Case Mix Per Diem Rate Effective Date:	10/1/2020	Qtrly BIMS score	24.3%	1.0%	Quarterly Medicaid CMI:	1.6128	1,5138
		MDS & Nurse Hrs Data per Quarter Ending:	06/30/20	Nurse Hours per On-Site Day/Quality Incentive:	3.90	3.0%	Qrtrly Mcaid CMI w RUG Wght Options:	1.6430	1.5405
						1			
	liki ili kili kata waliomenia e palikawi			Doutloo	Cassial		Laurdou Plant Admin Asc	CI DI Property	Taxes

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
983			а	b	С	iniga da a	- e	::::::::::::::::::::::::::::::::::::::	g	g	h	
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Realiocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$241,133)	\$0	\$0	\$0	(\$9,128)	(\$13,765)	(\$153,072)		(\$190,364)	\$125,196
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,070,774	\$2,758,651	\$0	\$513,684	\$249,442	\$376,143	\$1,263,591	\$128,540	\$1,655,527	\$125,196
8	Total Nursing Facility Days As Filed Days = 34,294	FY12 Audited C/R Days	34,294									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,390	FY 18 GL-PL Ins Rpt Days								33,390		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	£n7/Ln8 Cota	\$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		<u>1.6517</u>								
11	Routine Stycs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48,70								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 ar Ln 13	\$123.98	\$48.70	\$0,00	\$14.98	\$18.24		\$20,56	\$3.85	14.00	\$3.65
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwinc %	\$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)	£n 14 + £n 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 Qir End	,	1.6430								- '
18	Ortrly Routine Srvcs 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
	Quarterly Per Diem Add-on Amounts	Con Balla Hannah	** **	***		***					•• ••	
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0,00	\$0,22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0,91	\$0.91								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Strng Add-on	\$2.72	\$2.72					617.40			
23	Nursing Home Provider Fee	(Fixed Amount) Sum of Lns 20 thru 23	\$17.10 \$21.89	64.46	\$0.00	\$0.22	en 44	\$0.00	\$17.10 \$17.10	\$0.00	\$0.00	\$0,00
24	Total Quarterly Per Diem Add-on Amounts			\$4.16			\$0.41					
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$195.07	\$94.87	\$0.00	\$17.20	\$21.09	\$0.00	\$40.41	\$3.85	\$14.00	\$3.65
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$133.48									

FINAL

Provider: Rockmart Health Prvdr ID: 003182988A H/B ?: No Case Mix Per Diem Rate Effective Date MDS & Nurse Hrs Data per Quarter Ending	,		Data and Percentages Growth Allowance: BIMS: te Day/Quality Incentive:	Facility Score N/A 35.3% 3.98	Add-on Percent 13,37% 2,5% 3,0%		Quarter	c (CMI) Data riod Overall CMI; ly Medicaid CMI; G Wght Options:		Facility Specific Use Stwd 1.4777 1.5030	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
CASE MIX BASED RATE CALCULATIONS		a	učakjesa jju b gejessk _e a cj	<u> </u>	ers, ang d agagaga	Programme and the	+ + 00004 T0004 - +	<u> </u>	<u> Zerser i elikur.</u>	<u> </u>	
Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums)			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	1 All Facilities All Bed Sizes 50,0% 105,0% \$0,37			
Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs)	FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt FY 2012 Peer Group Limit		\$71,51		\$18.41	\$23.09		\$20.56	\$23,590,00 14,490	\$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 Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem		\$146.46	\$72.96 <u>1.5030</u> \$109.67		\$18.79	\$23,56		\$20.97	\$ 1.63	8.55 (FRV Rate)	\$0.00
Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 2.5% to Routine Srvs)		\$183.16	\$109.67		\$18.79	\$23.56		\$20.97	\$1.63	\$8.55	\$0.00
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% Nursing Home Provider Fee	· I	\$2,74 \$3,29 \$17,10	\$2.74 \$3.29					17.1			
Total Quarterly Per Diem Add-On Amounts		\$23.13	· · · · · · · · · · · · · · · · · · ·								
Quarterly Case Mix Based Per Diem Rate	4444.00	\$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]			

1	vider: Rome Health and Rehab dr ID: 00140753A Case Mix Per Diem Rate Effective Date MDS & Nurse Hrs Data per Quarter Ending	: 10/1/2020		owth Allowance: Oldy BIMS score	22.7%	Add-on Percent 13.37% 1.0% 2.0%		Quarterly !	CMI) Data d Overall CMI: Medicald CMI: Wght Options:		Facility <u>Specific</u> 1.6744 1.7928 1.8267	State- wide 1,3617 1,5138 1,5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskong	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b b	C	d	::::::e:::::::::::::::::::::::::::::::	constant	g	g	a tip seed h oosing to	
ΙT	SE MIX BASED RATE CALCULATIONS 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	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 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
E	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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

i i	Provider. Rose City Health and Rehab Ctr O0083311A Case Mix Per Diem Rate Effective Date; MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020 06/30/20 Nurse Hours		owth Allowance: htrly BIMS score	36.7%	Add-on Percent 13.37% 2.5% 3.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1,5200 1,6529 1,6828	State- wide 1.3617 1.5138 1.5405
Line #		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
4.27			i specialización	b	C C	d	е	f	g	g	(115) (115) (115) (115) (115) (115)	(\$.5-23 1 77-54.)
9	CASE MIX BASED RATE CALCULATIONS		1									
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 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100,0% \$0.00	90,0% 100,0% \$0,22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$3,126,174	\$1,633,291	\$0	\$380,920	\$133,234	\$163,580	\$657,966	\$2,601	\$154,582	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$21,254)	\$0	\$0	\$0	\$0	\$0	(\$21,254)		(\$27,958)	\$27,958
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,104,920	\$1,633,291	\$0	\$380,920	\$133,234	\$163,580	\$636,712	\$2,601	\$126,624	\$27,958
8	Total Nursing Facility Days As Filed Days = 23,503	FY12 Audited C/R Days	23,503									
	Total Nursing Facility Days GtPl. Ins, Rpt As Filed Days = 23,180	FY 18 GL-PL Ins Rpt Days								23,180		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 11	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12 En 9 / En 10		1.5200								
12	Routine Stycs Case Mix Adjstd (CMA) Net Per Diem	RS = Ln 11, AllOthr = Ln 9		\$45.72	60.00	645.04	640.00		407.00		25.00	
13	,	per Peer Group Limits		\$45,72 \$71,51	\$0.00 \$0.00	\$16.21 \$18.41	\$12.63 \$23.09		\$27.09 \$20.56	\$0.11 \$0.00	\$5,39 N/A	\$1,19
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$106.56	\$45.72	\$0.00	\$16,21	\$23.09 \$12.63		\$20,56	\$0.00	10,14	\$1.19
	·		\$100.50	Q40.12	\$0,00	\$10,21	\$12.03		\$20.50	30,11	(FRV)	\$1.19
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$12.72	\$6,11	\$0.00	\$2,17	\$1,69	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$119,28	\$51,83	\$0.00	\$18.38	\$14.32	\$0.00	\$23.31	\$0,11	\$10.14	\$1.19
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	1	1.6828	*****		¥72	45.55		4	410211	41.10
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Լո 16 x Լո 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
	Quarterly Per Diem Add-on Amounts											
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 = 2.5% (to Routine Srvs)	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 Srvcs)	Ln 19 Col b x Sting 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 + £n 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	(l.n 25 - l.n 23) * 0.75	\$120.47									

State-

Facility

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

Facility

Add-on

1	rovider: Roselane Health and Rehab Center ovdr ID: 00831751A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020		owth Allowance: Otrly BIMS score	23.6%	Percent 13.37% 1.0% 3.0%		Quarterly	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Specific 1.5874 1.8607 1.8962	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	ь	(1) (C) (C)	d	е	50.004 f 3000	g	g	h	general V alue
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	***************************************		
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$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 Srvcs	Ln 7 / Ln 8 Col a	\$171.32	\$100.06	\$0.00	\$17.26	\$16.73	(with L&H)	\$24.14	\$0.07	\$10,73	\$2.33
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5874								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63,04								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$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	\$2.33
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	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		1.8962					123.01	1	7.4.00	1
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$135.52								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOlhr = Ln 16	\$214.57	\$135.52	\$0.00	\$19.57	\$18.97	\$0.00	\$23,31	\$0,07	\$14.80	\$2,33
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Sind - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1,16	\$0,53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1,36	\$1,36			, ,,,	1]		12,00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srycs)	Ln 19 Col b x Sting Add-on	\$4.07	\$4.07								
			4 %01	1								1

23

24

Nursing Home Provider Fee

Total Quarterly Per Diem Add-on Amounts

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

25 Quarterly Case Mix Based Per Diem Rate

\$17.10

\$23,69

\$238.26

\$165.87

\$0,00

\$0.00

\$0.22

\$19.79

\$0,41

\$19.38

\$0,00

\$0.00

\$5,96

\$141.48

(Fixed Amount)

Sum of Lns 20 thru 23

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

\$0.00

\$14.80

\$0.00

\$2,33

\$17,10

\$17.10

\$40.41

\$0.00

\$0.07

Provider: Rosemont at Stone Mounta	in	_	Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 13.37%	Cas	se Mix Index (0	CMI) Data		Facility Specific	State- wide
Case	Mix Per Diem Rate Effective Date: urse Hrs Data per Quarter Ending:	10/1/2020 06/30/20 Nurse Hours p		trly BIMS score	48.2% 3.09	5,5% 2,0%	Ortrly Meale	Quarterly	d Overall CMI: Medicaid CMI: Wght Options:		1.2404 1.6504 1.6805	1,3617 1,5138 1,5405
Line Description		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
			a	production by the second	C	e e de se	e	en f	g	9	h	of strike
CASE MIX BASED RATE CALCULATION	<u>1S</u>											
1 Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group		(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure L. Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for ac		(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0,41		50.0% 105.0% \$0.37			
Base Period Per Diem Allowed Amounts												
5 As Fifed Cost Center Costs (Routine & Special S	rvcs 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 Ce	nter Costs	FY12 C/R Audit Adjstmts	(\$231,415)	\$811	\$0	\$1,600	\$0	\$204	(\$239,816)	1 1	(\$128,317)	1
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 Fifed Days = 50,566	FY12 Audited C/R Days	50,566									
Total Nursing Facility Days GL-Pt, Ins, Rpt	As Filed Days = 49,615	FY 18 GL-PL Ins Rpt Days								49,615		
9 Net Per Diems prior to Case Mix Adjstmt to Rou	tine Srvcs	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 Re	esidents	from 4 qtrs of FY12		1.2404								
11 Routine Srvcs Case Mix Adjstd (CMA) Net Pe	er Diem	in 9/in 10		\$57.57								
12 Net Per Diems after Case Mix Adjstmt to Routin	e Srvcs	RS = Ln 11, AliOthr = 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 Rout	ne Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23,09		\$20,56	\$0,00	N/A	
14 Base Period Case Mix Adjusted Allowed Per Die	em	Lesser of Ln 12 or Ln 13	\$124.90	\$57.57	\$0.00	\$14.63	\$17.38		\$17.33	\$3.28	12,06 (FRV)	\$2.65
Quarterly Per Diem Rate Prior to Add-ons												
_	.37%	Ln 14 x Grwth Allwnc % En 14 + Ln 15	\$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 Ad 17 Quarterly Facility Case Mix Index for Medicaid	· ·	per Current Qir End	\$139.20	\$65.27 1.6805	\$0.00	\$16.59	\$19.70	\$0.00	\$19.65	\$3.28	\$12.06	\$2.65
18 Ortriy Routine Srvcs Case Mix Adjstd (CMA)	į.	Ln 16 x Ln 17		\$109.69								
19 Quarterly Medicaid CMA Allowed Per Diem	AGE EL CIGIII	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
Quarterly Per Diem Add-on Amounts												
20 Efficiency Add-on Per Diem ((Sind - Alwd) x .75, o	p to max, or 0)	(see 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 Srvs)	Ln 19 Col b x CPS Add-on	\$6.03	\$6,03								
22 Nurse Staff Hrs / Quality Add-on Per Diem = 2	.0% (to Routine Srvcs)	Ln 19 Col b x Sting 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 Lins 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 Lea	re Days	(Ln 25 - Ln 23) * 0.75	\$145.03									

Provider: Ross Memorial Health Care Center Prvdr ID: 00142942A Case Mix Per Diem Rate Effective Date MDS & Nurse Hrs Data per Quarter Ending	e; 10/1/2020		owth Allowance; htdy BIMS score	33.3%	Add-on Percent 13.37% 2.5% 3.0%		Quarterly !	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1,2961 1,5459 1,5714	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
		а	b	С	estiga d strajs	andian endanci	f	g	g	naga aya h dagayan	2009/ F ebber
CASE MIX BASED RATE CALCULATIONS											
1 Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 Ali Facilities Ali Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90,0% 100,0% \$0,00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105,0% \$0,37			
Base Period Per Diem Allowed Amounts 5 As Filed Cost Center Costs (Routine & Special Stycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$5,274,989	\$2,812,004	\$0	\$651,994	\$351,015	\$344.862	\$738,325	\$64,497	\$312.292	\$0
6 Audit Adjustments and Realiocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$135,149)	(\$275)	\$0	\$8,437	\$26,924	(\$16,281)	(\$167,136)	1 1	(\$56,986)	\$70,168
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,139,840	\$2,811,729	\$0	\$660,431	\$377,939	\$328,581	\$571,189	\$64,497	\$255,306	\$70,168
8 Total Nursing Facility Days As Filed Days = 32,995	FY12 Audited C/R Days	32,995									
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,584	FY 18 GL-PL Ins Rpt Days								30,584		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$155.94	\$85.22	\$0.00	\$20.02	\$21.41	(with L&H)	\$17.31	\$2.11	\$7.74	\$2.13
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.2961</u>								
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.75								
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$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	\$2.13
Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15 Growth Allowance Percentage = 13.37%	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	İ	<u>1.5714</u>								
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x l,n 17	1	\$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
Quarterly Per Diem Add-on Amounts											
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs	Ln 19 Col b x CPS Add-on	\$2.93	\$2.93								
22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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									

Provider: Roswell Nursing & Rehab Ctr Prodr ID: 00141248A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020	Qtr	dh Allowance; ly BIMS score	49.0%	Add-on Percent 13,37% 5.5% 2.0%			Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.6341 1.7092 1.7415	State- wide 1,4014 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
CASE MIX PARED PATE CALCULATIONS		a	b	1: C1111	direction distribution	eterri eterri	11:00:1 1 :00:00	g	i je provincenski		11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
CASE MIX BASED RATE CALCULATIONS 1 Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100,0% \$0,53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Base Period Per Diem Allowed Amounts 5 As Filed Cost Center Costs (Routine & Special Srvcs Combined) 6 Audit Adjustments and Reallocations to Cost Center Costs	As Filed FY 14 C/R - FY 18 GL-PL Rpt FY14 C/R Audit Adjstmts	\$7,743,053 (\$211,557)	\$4,498,611 (\$39,976)	\$0 \$0	\$557,983 \$0	\$242,060 (\$1,285)	\$378,928 (\$2,011)	\$1,148,453 (\$163,544)	\$24,135	\$892,883 (\$77,460)	\$0 \$72,719
7 Cost Center Costs After Audit Adjustments 8 Total Nursing Facility Days As Filed Days = 34,081 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 78,295	FY14 Audited C/R FY14 Audited C/R Days FY 18 GL-PL Ins Rpt Days	\$7,531,496 34,081	\$4,458,635	\$0	\$557,983	\$240,775	\$376,917	\$984,909	\$24,135 78,295	\$815,423	\$72,719
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs 10 Base Period Facility <u>Case Mix Index</u> for All Residents 11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 7 / Ln 8 Col a from 4 qtrs of FY10 Ln 9 / Ln 10	\$220.58	\$130.82 <u>1.6341</u> \$80.06	\$0.00	\$16.37	\$18.12	(with L&H)	\$28.90	\$0.31	\$ 23.93	\$2.13
Net Per Diems after Case Mix Adjstmt to Routine Srvcs Per Diem Standards (After Statewide CMA for Routine Srvcs)	RS = Ln 11, AllOthr = Ln 9 per Peer Group Limits		\$80.06 \$73.31	\$0.00 \$0.00	\$16,37 \$19.52	\$18.12 \$23,55		\$28,90 \$24.02	\$0.31 \$0.00	\$23.93 N/A	\$2.13
14 Base Period Case Mix Adjusted Allowed Per Diem Quarterly Per Diem Rate Prior to Add-ons	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
15 Growth Allowance Percentage = 13.4% 16 CMA Allowed Per Diem (After Growth Allowance Add-on) 17 Quarterly Facility Case Mix Index for Medicaid Residents	Ln 14 x Grwth Allwnc % Ln 14 + Ln 15 per Current Qtr End	\$17.62 \$161.32	\$9.80 \$83.11 <u>1.7415</u>	\$0.00 \$0.00	\$2.19 \$18.56	\$2.42 \$20.54	\$0.00 \$0.00	\$3,21 \$27.23	N/A \$0.31	N/A \$9.44	N/A \$2.13
18 Qrirly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem 19 Quarterly Medicaid CMA Allowed Per Diem	Ln 16 x Ln 17 RS ⇔ Ln 18, AllOthr ⇒ Ln 16	\$222.95	\$144.74 \$144.74	\$0.00	\$ 18.56	\$20.54	\$0.00	\$27.23	\$0.31	\$9.44	\$2,13
Quarterly Per Diem Add-on Amounts 20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0,00		\$0.00	
21 BIMS Add-on Per Diem = 5.5% (to Routine Srvs) 22 Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs) 23 Nursing Home Provider Fee	Ln 19 Col b x CPS Add-on Ln 19 Col b x Stfng Add-on (Fixed Amount)	\$7.96 \$2.89 \$17,10	\$7,96 \$2,89					\$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 Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$251.53	\$155.59	\$0.00	\$18.78	\$20.95	\$0.00	\$44.33	\$0.31	\$9.44	\$2.13
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$175.82									

FINAL

Provider: Sadie G. Mays Health & Rehab Center Prvdr ID: 00141842A H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:			la and Percentages Growth Allowance: BIMS: Day/Quality Incentive:	Facility Score N/A 39.8% 3.50	Add-on Percent 13,37% 2,5% 3,0%		Quarter	c (CMI) Data fod Overall CMI: ly Medicaid CMI: G Wght Options:		Facility Specific 1.3125 1.4587 1.4826	State- wide 1,3617 1,5138 1,5405
Line # Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary d	Laundry & Houskpng e	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
CASE MIX BASED RATE CALCULATIONS		<u>, </u>			,		L	9	1 *** : ** *** ·	1.3	<u> </u>
Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons			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	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37			
GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt		A Commenter of the Comm						\$188,573.00		
Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 90% of Std Growth Allowance 13.37% CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	FY 2012 Peer Group Limit	\$157.10 \$16.07 \$150,55	\$71.51 \$64.36 \$8.60 \$72.96 <u>1.4826</u> \$108.18		\$18.41 \$16.57 \$2.22 \$18.79	\$23.09 \$20.78 \$2.78 \$23.56		\$20.56 \$18.50 \$2.47 \$20.97		\$36,35 \$36,35 10.84 (FRV Rate)	
Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 2.5% to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts		\$185.76 \$2.70 \$3.25 \$0.00 \$5.95	\$108.18 \$2.70 \$3.25		\$18.79	\$23.56		\$20.97 0	\$2.89	\$10.84	\$0.54
Quarterly Case Mix Based Per Diem Rate		\$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										

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: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020 06/30/20	Growth Allowance: Qtrly BIMS score Nurse Hours per On-Site Day/Quality Incentive:	N/A 51.5% 3.04	13,37% 5,5% 2.0%	Base Period Overall CMI: Quarterly Medicaid CMI: Qrtrly Mcaid CMI w RUG Wght Options:	1,1996 1,3997 1,4252	1.3617 1.5138 1.5405	
	Y					, , , , , , , , , , , , , , , , , , , ,			1

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
700			a	b	:::::(C:::::::::::::::::::::::::::::::	Complete distribution	е	grant for the	g	g	h	AACHUN I JALIH
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105,0% \$0,37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,155,375	\$1,096,757	\$0	\$118,073	\$159,016	\$117,189	\$328,921	\$35,457	\$299,962	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	\$234,732	\$112,227	\$0	\$129,959	(\$11,543)	\$10,629	(\$36,575)		\$17,932	\$12,103
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,390,107	\$1,208,984	\$0	\$248,032	\$147,473	\$127,818	\$292,346	\$35,457	\$317,894	\$12,103
8	Total Nursing Facility Days As Filed Days = 16,732	FY12 Audited C/R Days	16,427									
	Total Nursing Facility Days GL-PL Ins, Rpt As Filed Days = 15,582	FY 18 GL-PL Ins Rpt Days								15,582		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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		<u>1.1996</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61,35								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9	1	\$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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$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	\$0.74
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14.84	\$8.20	\$0.00	\$2.02	\$2.24	\$0.00	\$2.38	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$138,36	\$69.55	\$0.00	\$17.12	\$19.00	\$0.00	\$20.18	\$2.28	\$9.49	\$0.74
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4252								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.12						i i		
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
	Quarterly Per Diem Add-on Amounts											
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	1
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	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 Srvcs)	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	\$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	\$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		***************************************				L	1		1

	Provider. Scepter Health & Rehab		Add-on Data and		Facility Score	Add-on Percent	Cas	se Mix Index ((Facility Specific	State- wide
F	Prvdr ID: 00169199A Case Mix Per Diem Rate Effective Date:	10/1/2020		owth Allowance; Qtrly BIMS score		13.37% 2.5%			d Overall CMI: Medicaid CMI:		1.3690 1.4997	1,3617 1,5138
	MDS & Nurse Hrs Data per Quarter Ending:	06/30/20 Nurse Hours p	er On-Site Day/C			2.0%	Ortrly Meald		Wght Options:		1.5249	1.5405
Line		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	C	access decrease.	0	f	g	g	h	500 (00 1) (100)
<u>c</u>	CASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities	1 All Facilities	2 Free Standing All Bed Sizes	1 All Facilities	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
				All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105.0% \$0,37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$9,561,164	\$4,548,816	\$0	\$1,020,738	\$613,465	\$507,283	\$2,025,599	\$20,313	\$824,950	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$289,144)	(\$2,722)	\$0	\$0	\$2,545	\$2,104	(\$294,492)		(\$107,490)	\$110,911
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$9,272,020	\$4,546,094	\$0	\$1,020,738	\$616,010	\$509,387	\$1,731,107	\$20,313	\$717,460	\$110,911
8	Total Nursing Facility Days As Filed Days = 56,904	FY12 Audited C/R Days	56,904									
	Total Nursing Facility Days GtPt. 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 Srvcs	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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58,36								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOlhr = 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 Stvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$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
	Quarterly Per Diem Rate Prior to Add-ons										(t.174)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwinc %	\$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	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.89								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$179,37	\$100,89	\$0.00	\$20.34	\$22.42	\$0.00	\$23.31	\$0,37	\$10.09	\$1.95
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1,16	\$0.53	\$0.00	\$0.22	\$0.41	\$0,00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Coi b x CPS Add-on	\$2.52	\$2.52								
22	Nurse Staff Hrs / Quality Add-on Per Diern = 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.02	\$2,02								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterty 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			*			A	·		

State-

Facility

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

Facility

Add-on

-	Provider: Scott Health & Rehabilitation Prodr ID: 00141644A	_	Add-on Data and Percentages Growth Allowance;			y Add-on Percent 13,37%	Case Mix Index (CMI) Data Base Period Overall CMI:				Facility Specific 1,3422	State- wide 1,3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020 06/30/20 Nurse Hours a	oer On-Site Day/C	triy BIMS score		1.0% 2.0%	Ortrly Meale		Medicaid CMI; Wght Options:		1.5974 1.6262	1.5138 1.5405
1.500					T	Television for the first		1			FULL CARDAMA AND A SERVE	1
Lin #		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
			а	b	c c	d	e	of the	g	g	h h	::::::::::::::::::::::::::::::::::::::
9	CASE MIX BASED RATE CALCULATIONS											
1	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 3 4	3 Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90,0% 100,0% \$0,53	90.0% 100.0% \$0.00	90,0% 100,0% \$0,22	85,0% 100,0% \$0,41	***************************************	50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	5 As Filed Cost Center Costs (Routine & Special Srvcs 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	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	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	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	ļ	
9	9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$135.22	\$74,27	\$0.00	\$15,33	\$17.91	(with L&H)	\$19,34	\$3.44	\$4.25	\$0.68
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.3422							ı İ	
11	1 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.33							,	
12	2 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlhr = Ln 9		\$55,33	\$0,00	\$15.33	\$17.91		\$19,34	\$3.44	\$4.25	\$0.68
13	3 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0,00	\$18,41	\$23.09		\$20,56	\$0.00	N/A	
14	4 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	\$0.68
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15		Ln 14 x Grwth Allwnc %	\$14.43	\$7.40	\$0.00	\$2.05	\$2,39	\$0.00	\$2.59	N/A	N/A	N/A
16	6 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	7 Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Oir End		1.6262							,	
18	8 Ortdy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.01							!	
19	9 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
	Quarterly Per Diem Add-on Amounts									A. C. C. C. C. C. C. C. C. C. C. C. C. C.		
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	

Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)

21

22

23

24

BIMS Add-on Per Diem =

Nursing Home Provider Fee

Total Quarterly Per Diem Add-on Amounts

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

25 | Quarterly Case Mix Based Per Diem Rate

1.0% (to Routine Srvs)

Ln 19 Col b x CPS Add-on

Ln 19 Col b x Stfng Add-on

(Fixed Amount)

Sum of Lns 20 thru 23

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

\$1.02

\$2.04

\$17.10

\$21.69

\$196.86

\$134.82

\$1.02

\$2,04

\$3.59

\$105,60

\$0.00

\$0,00

\$0.22

\$17.60

\$0.41

\$20.71

\$0.00

\$0.00

\$0.00

\$9.43

\$0,00

\$0.68

\$17.10

\$17.47

\$39.40

\$0.00

\$3.44

Provi Prvdi	r ID: 00142898A Case Mix F	Per Diem Rate Effective Date; Hrs Data per Quarter Ending;	10/1/2020		owth Allowance: Itrly BIMS score	Facility Score N/A 50.0% 5.00	Add-on Percent 13.37% 5.5% 3.0%		Quarterly	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.2990 1.5281 1.5544	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
					ь	C	d	е	and from	g	g	h	rational Indian
CAS	E MIX BASED RATE CALCULATIONS												
1 C	ost Center Peer Groups Typo of Facility wilhin Peer Group Bed Size Range wilhin Peer Group		(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	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 3	eer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)		(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
-	ase Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srycs C	Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rot	\$4,058,947	\$2,128,930	\$0	\$451,303	\$260,678	\$256,636	\$573,642	\$58,612	\$329,146	\$0
1	Audit Adjustments and Reallocations to Cost Center		FY12 C/R Audit Adjstmts	(\$74,805)	\$2,120,330	\$0 \$0	\$451,565	(\$105)	(\$105)	1	1 1	(\$25,030)	
- 1	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	s Filed Days = 28,225	FY12 Audited C/R Days	28,225									
	Total Nursing Facility Days GL-PL Ins. Rpt A	s Filed Days = 27,219	FY 18 GL-PL Ins Rpt Days								27,219		
- 1	Net Per Diems prior to Case Mix Adjstmt to Routine S	Srves	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 Resider		from 4 qlrs of FY12		<u>1.2990</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Die		En 9 / En 10		\$58.07								
1	Net Per Diems after Case Mix Adjstmt to Routine Srv		RS = Ln 11, AllOthr = Ln 9		\$58.07	\$0,00	\$15.99	\$18.32		\$17.69	\$2.15	\$10.77	\$0.88
i	Per Diem Standards (After Statewide CMA for Routine Sr	vcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0,00	N/A	
	Base Period Case Mix Adjusted Allowed Per Diern		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
- 1	uarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13.37%	_	Ln 14 x Grwth Allwac %	\$14.72	\$7.76	\$0.00	\$2.14	\$2.45	\$0.00	\$2.37	N/A	N/A	N/A
- 1	CMA Allowed Per Diem (After Growth Allowance Add-on)	•	Ln 14+Ln 15	\$14.72	\$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 Res		per Current QIr End	\$107.70	1.5544	\$0,00	\$10.10	\$20.77	\$0,00	\$20,00	92.10	\$3,00	\$0.00
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net P		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
Q	uarterly Per Diem Add-on Amounts												
	Efficiency Add-on Per Diem ([Stnd - Atwd] x .75, up to n	nax, or 0)	(see 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 Srvs)	Ln 19 Col b x CPS Add-on	\$5.63	\$5,63								
22 1	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%	(to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.07	\$3.07								
[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 Qı	uarterly 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 Qu	uarterly Per Diem Rate for Bed Hold and Leave Da	ıys	(Ln 25 - Ln 23) * 0.75	\$138.32									

	rovider: Seminole Manor Nursing Home	Name	Add-on Data and	Percentages	Facility Score	Add-on Percent 13.37%	Cas	e Mix Index (Facility Specific	State- wide
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020 06/30/20 Nurse Hours		Otrly BIMS score	N/A 30.8% 4.33	2.5% 3.0%	Qrtrly Mcaid	Quarterly	d Overall CMI: Medicaid CMI: Wght Options:		1.2760 1.0946 1.1078	1.3617 1.5138 1.5405
				Routine	Special	0.03267758	Albertanar-tuuri eisteyi.	Plant	Admin	A&G-GL-PL	Property	Taxes
Line #	Description	Sources / Calculations	Totals	Services	Services	Dietary	Laundry & Houskpng	Operatos & Maint	and General	Insurance	and Related	and Insurance
			а	and bear	c	d	е	f	g	g	h	ad 80a i escre
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	/ O-II MII		1	1	1	1	1	1			
Ι΄.	Type of Facility within Peer Group	(see Policy Manual)		All Facilities	All Facilities	Hosp Based	T 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 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
		(see I only Managy		00,00	00,00	90.22	ψ0.47		40.07			
l _	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	4 1,00 1,000	\$1,865,825	\$0	\$821,360	\$355,581	\$248,370	\$553,082	\$5,671	\$181,800	\$0
6 7	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts FY12 Audited C/R	(\$63,607)	(\$2,651)	\$0	\$0	(\$6,540)		(\$46,503)		(\$15,449)	\$12,105
8	Cost Center Costs After Audit Adjustments	FY12 Audited C/R Days	\$3,968,082	\$1,863,174	\$0	\$821,360	\$349,041	\$243,801	\$506,579	\$5,671	\$166,351	\$12,105
•	Total Nursing Facility Days As Filed Days = 21,926 Total Nursing Facility Days GL-Pt, Ins, Rpt As Filed Days = 21,033	FY 18 GL-PL Ins Rpt Days	21,926							21,033		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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	\$100.55	1.2760	\$0.00	DF, 10#	42,1,54	(Mair Lary	320.10	40.21	Ψ1.00	\$0.55
11	Routine Sives Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66,60								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	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	\$0.55
											(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13.37%	I.n 14 x Grwth Allwnc %	640.54	60.00	60.00	ea 00	60.00	\$0.00	\$2.75	, , , , ,	A174	NITA
16	Growth Allowance Percentage = 13.37% CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 x Giwai Aliwiic % Ln 14 + Ln 15	\$18.64 \$167.90	\$8.90 \$75.50	\$0.00 \$0.00	\$3,90 \$33,05	\$3.09 \$26.18	\$0.00	\$2.75	N/A \$0,27	N/A \$9.04	N/A \$0.55
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$107.50	1.1078	40.00	\$35.05	φ <u>ε</u> υ. 10	φυ.υσ	920,31	90.27	49.04	\$0,00
18	Ortrly Routine Srvcs 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
	·											
-	Quarterly Per Diem Add-on Amounts	(nga Bali kk		20.55	***		***				***	
20 21	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual) Ln 19 Col b x CPS Add-on	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.09 \$2.51	\$2.09 \$2.51								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	34,51					\$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			11		L	L		,	

Provider:	Senior Care CtrBrunswick		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State- wide
Prvdr ID:	000830827B Case Mix Per Diem Rate Effective Date:	10/1/2020	Growth Allowance: Qtrly BIMS score	N/A 20.8%	13.37% 1.0%	Base Period Overall CMI: Quarterly Medicaid CMI:	1,2904 1,3516	1.3617 1.5138
	MDS & Nurse Hrs Data per Quarter Ending:	06/30/20	Nurse Hours per On-Site Day/Quality Incentive:	3.27	3.0%	Ortrly Moaid CMI w RUG Wight Options:	1.3745	1.5405
19.50		San Province San State State State			La escalación de	researce management of the service of the service and first that		1

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
2000			а	b	See Control	d	е	f	g	g	official house (i.e.	
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Mulliplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0,53	90.0% 100.0% \$0,00	90.0% 100.0% \$0,22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Stycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$12,935,309	\$5,960,467	\$0	\$1,072,572	\$683,912	\$504,746	\$3,762,908	\$229,360	\$721,344	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$368,101)	\$800,812	\$0	(\$1,205)	\$108,294	\$33,976	(\$1,467,220)		\$20,220	\$137,022
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$12,567,208	\$6,761,279	\$0	\$1,071,367	\$792,206	\$538,722	\$2,295,688	\$229,360	\$741,564	\$137,022
8	Total Nursing Facility Days As Filed Days = 59,342	FY12 Audited C/R Days	59,342									
	Total Nursing Facility Days GL-PL Ins. Rpt As Fifed Days = 60,291	FY 18 GL-PL ins Rpt Days								60,291		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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		<u>1.2904</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$88,30								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AilOthr = Ln 9		\$88.30	\$0.00	\$18.05	\$22.43		\$38.69	\$3.80	\$12,50	\$2,31
13	Per Diern Standards (After Statewide CMA for Routine Srvcs)	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 £n 12 or Ln 13	\$155.23	\$71.51	\$0.00	\$18.05	\$22.43		\$20,56	\$3,80	16,57	\$2.31
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$17.72	\$9.56	\$0.00	\$2.41	\$3,00	\$0.00	\$2,75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln:14 + Ln:15	\$172,95	\$81.07	\$0.00	\$20.46	\$25.43	\$0.00	\$23.31	\$3.80	\$16.57	\$2.31
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	,	1.3745		,	•====	,	,		•	,
18	Ortrly Routine Srvcs 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
20	Quarterly Per Diem Add-on Amounts	(see Policy Manual)	ED C2	62.00	\$0.00	\$0,22	50.44	\$0.00	60.00		\$0.00	
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	En 19 Col b x CPS Add-on	\$0.63 \$1.11	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvs)	Ln 19 Col b x Sting Add-on	\$3,34	\$1.11 \$3,34								
23	Nursing Home Provider Fee	(Fixed Amount)	\$3,34 \$0.00	\$3,54					\$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
				¥	1 7	1	4-3304	42:00	1	1	4.414	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$156,29									

Facility Add-on Facility State-Senior Care Ctr.- St. Marys Add-on Data and Percentages Score Percent Specific wide Case Mix Index (CMI) Data Prvdr ID: 00143129A Growth Allowance: N/A 13.37% Base Period Overall CMI: 1,2093 1.3617 Case Mix Per Diem Rate Effective Date: 10/1/2020 Qtrly BIMS score 31,1% 2.5% Quarterly Medicaid CMI: 1.2159 1.5138 MDS & Nurse Hrs Data per Quarter Ending: 06/30/20 Nurse Hours per On-Site Day/Quality Incentive: 4.26 3.0% Ortrly Moaid CMI w RUG Wight Options: 1.2315 1.5405

L	MDS & Nuise Fils Data per Quarter chang.	O0/30/20 Nuise Hours pa	or on one dayre	dusity incessive.	4,20	3,076	Qittiy Wicale	CMIWRUG	wynik Options.		1.2315	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
			а	been been	С	đ		66005 1 6666	g	g	h	entificação
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	**************************************		
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,098,594	\$2,116,099	\$0	\$387,751	\$399,462	\$225,826	\$549,708	\$121,553	\$298,195	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$101,634)	\$41,172	\$0	(\$100)	(\$10,813)	(\$6,113)	\$4,635		(\$155,824)	\$25,409
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,996,960	\$2,157,271	\$0	\$387,651	\$388,649	\$219,713	\$554,343	\$121,553	\$142,371	\$25,409
8	Total Nursing Facility Days As Filed Days = 21,647	FY12 Audited C/R Days	21,647								1	
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,788	FY 18 GL-PL Ins Rpt Days								23,788	1	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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		<u>1.2093</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$82,41								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Sives)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$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
	Quarterly Per Diem Rate Prior to Add-ons										(40.4)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$17.79	\$9.56	\$0.00	\$2.39	\$3.09	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$167.55	\$81.07	\$0,00	\$20,30	\$26,18	\$0,00	\$23,31	\$5.11	\$10.41	\$1.17
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.2315</u>								
18	Ortriy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.84							į	
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlhr = Ln 16	\$186.32	\$99.84	\$0.00	\$20.30	\$26.18	\$0.00	\$23.31	\$5.11	\$10.41	\$1.17
	Quarterly Per Diem Add-on Amounts										į	
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 = 2.5% (to Routine Srvs)	En 19 Col b x CPS Add-on	\$2.50	\$2,50								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.00	\$3.00						+	, 1	
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10		t				\$17.10		į	
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

\$144.03

***************************************	Provider: Prvdr ID:	Signature HC of Buckhead 00040763A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020		d Percentages with Allowance; Oldy BIMS score Quality Incentive;	31.7%	Add-on Percent 13.37% 2.5% 2.0%			d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.5246 1.7835 1.8181	State- wide 1.3617 1.5138 1.5405
L	îne #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
F	eta Alimana			а	2240 P	C	d	14900000 0 00	(g	g	<u> .ggggge in hilogen ags</u>	i grega i o gra
	1 Cost C	IIX BASED RATE CALCULATIONS enter 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	roup Standards & Efficiency Measure Limits Group Standards: Percentile Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			

100			а	2000 b 800 (800	C C	d	е	and Carre	g	g	onegajo fot h Viceologia	errepatrices:
0	CASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			***************************************
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105,0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$11,767,995	\$5,156,008	\$0	\$918,863	\$438,941	\$629,831	\$2,661,908	\$435,581	\$1,526,863	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$625,674)	\$118,845	\$0	(\$3,470)	\$150	\$5,063	(\$609,808)		(\$375,786)	\$239,332
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$11,142,321	\$5,274,853	\$0	\$915,393	\$439,091	\$634,894	\$2,052,100	\$435,581	\$1,151,077	\$239,332
8	Total Nursing Facility Days As Filed Days = 54,878	FY12 Audited C/R Days	54,878									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 48,002	FY 18 GL-PL Ins Rpt Days								48,002		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.05								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$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	\$4.36
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	•	Ln 14 x Grwth Allwnc %	\$16.03	\$8,43	\$0.00	\$2,23	\$2,62	\$0,00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$159,45	\$71.48	\$0.00	\$18,91	\$22.19	\$0.00	\$23,31	\$9.07	\$10.13	\$4.36
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8181								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$129.96								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlhr = Ln 16	\$217.93	\$129.96	\$0.00	\$18.91	\$22.19	\$0.00	\$23,31	\$9.07	\$10,13	\$4.36
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	ப்ர 19 Cal b x CPS Add-on	\$3.25	\$3.25								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	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

1	ovider: Signature HC - Marietta vdr ID: 00142986A	10/1/2020		owth Allowance: httly BIMS score	17,7%	Add-on <u>Percent</u> 13,37% 0,0% 2.0%			d Overall CMI: Medicaid CMI;		Facility <u>Specific</u> 1,4557 1,8702 1,9067	State- wide 1.3617 1.5138 1,5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	(1984) b (1986)	С	d	e	in and factors	y g	g	gyggilaig h zespii	11088114 1 486616
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100,0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$11,173,029	\$5,062,882	\$0	\$1,030,053	\$499,746	\$498,710	\$2,639,988	\$93,123	\$1,348,527	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$616,125)	\$62,898	\$0	(\$3,539)	(\$1,128)	(\$3,984)	(\$750,387)		(\$28,993)	\$109,008
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$10,556,904	\$5,125,780	\$0	\$1,026,514	\$498,618	\$494,726	\$1,889,601	\$93,123	\$1,319,534	\$109,008
8	Total Nursing Facility Days As Filed Days # 53,277	FY12 Audited C/R Days	53,277									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 46,909	FY 18 GL-PL Ins Rpt Days								46,909		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$198.40	\$96.21	\$0.00	\$19.27	\$18.64	(with L&H)	\$35.47	\$1.99	\$24.77	\$2.05
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4557								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	لہ 9 / لہ 10		\$66.09								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$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
	Quarterly Per Diem Rate Prior to Add-ons										1, 1, 1, 1	· j
15	Growth Allowance Percentage = 13.37%	Ln 14 x Greth 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		<u>1.9067</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$142.87								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlhr = Ln 16	\$224.58	\$142.87	\$0.00	\$20.87	\$21.13	\$0.00	\$23.31	\$1.99	\$12.36	\$2.05
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Aiwd] 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	8IMS Add-on Per Diem = 0.0% (to Routine Srvs)	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 Srvcs)	Ln 19 Col b x Sting 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									

Provider: Signature Healthcare of Savannah Prydr ID: 00083157A	_	Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index ((-	Facility Specific	State- wide
Case Mix Per Diem Rate Effective MDS & Nurse Hrs Data per Quarter E		-	owth Allowance: htriy BIMS score huality Incentive:	17.9%	13.37% 0.0% 2.0%	Ortrly Meald	Quarterly i	d Overall CMI: Medicaid CMI: Wght Options:		1.6565 1,7535 1,7878	1.3617 1.5138 1.5405
Line # Description	Sources / Calculations	Totals	Routine Services	Special Services	Dielary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		a	apparate b ilippoissa	С	d		460 - 1 060 -	9	9	h	
CASE MIX BASED RATE CALCULATIONS											
1 Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facililies All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90,0% 100.0% \$0.22	85.0% 100,0% \$0.41		50.0% 105.0% \$0.37			
Base Period Per Diem Allowed Amounts											
5 As Filed Cost Center Costs (Routine & Special Sives 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)	so	\$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		
Net Per Dierns prior to Case Mix Adjstmt to Routine Srvcs	in 7/in 8 Cola	\$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		<u>1.6565</u>								
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9 / £n 10		\$50.31								
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Sives)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$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
Quarterly Per Diem Rate Prior to Add-ons										(CAV)	
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		<u>1.7878</u>								
18 Qrtrly Routine Srvcs 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
Quarterly Per Diem Add-on Amounts											
20 Efficiency Add-on Per Diem ([Stnd - Atwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0,00	
21 BIMS Add-on Per Diem = 0.0% (to Routine	Srvs) 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 Sives)	Ln 19 Col b x Slfng 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									1

1	rovider: Smith Medical Nursing Care Center nvdr ID: 00143008A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs_ Data per Quarter Ending:	10/1/2020		owth Allowance: triy BIMS score	36.4%	Add-on Percent 13,37% 2.5% 0.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 0.9535 0.9408 0.9490	State- wide 1,3617 1.5138 1.5405
Lîne #	Description	Sources <i>I</i> Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	:: : b: ::::::::::::::::::::::::::::::	c	d	and e	Agran f glare.	g	g	eta esper h era, est	enie ei jee
CA	SE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50,0%			
3	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100,0% \$0,41		105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Sives 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)	\$042,300	\$0	\$107,509	\$00,013	(\$235)	(\$24,756)	\$30,009	(\$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	4042,000	•	\$101,000	400,010	Ψ112,420	420-1,000	000,000	\$10,000	\$17,073
	Total Nursing Facility Days GL-PL, Ins. Rpt As Filed Days = 17,789	FY 18 GL-PL Ins Rot Days	10,300							17,789		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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	\$10.01	0.9535	\$0.00	\$3.00	\$11.55	(MIDI LOSI)	\$15.00	\$2.01	φ0.55	\$0.07
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$39.65								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0,00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	40.01
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
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$10.14	\$5,30	\$0.00	\$1,32	\$1.51	\$0,00	\$2.01	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$99.84	\$44,95	\$0,00	\$11.18	\$12.84	\$0.00	\$17.01	\$2.81	\$10.18	\$0.87
17	Quarterly Facility <u>Case Mix Index</u> for Medicald Residents	per Current Qtr End		<u>0.9490</u>								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$42.66								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AilOthr = Ln 16	\$97.55	\$42.66	\$0,00	\$11.18	\$12.84	\$0.00	\$17.01	\$2.81	\$10.18	\$0.87
	Quarterly Per Diem Add-on Amounts											
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 Srvs)	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 Srvcs)	En 19 Col b x Slfng Add-on	\$0,00	\$0.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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

Provider: Social Circle Nursing and Rehab Center	Ad	id-on Data and P	ercentages	Facility Score	Add-on Percent	Cas	e Mix Index (C	CMI) Data		Facility Specific	State- wide
Prydr ID: 00143041A Case Mix Per Diem Rate Effective Date:	10/1/2020		th Allowance: by BIMS score	N/A 32,6%	13.37% 2.5%			Overall CMI; Medicaid CMI;		1.5267 1,6333	1,4014 1,5138
MDS & Nurse Hrs Data per Quarter Ending:	06/30/20 Nurse Hours per			3.58	3,0%	Ortrly Meaid	CMI w RUG \			1,6649	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
		а	b	С	đ	е	of fire	g	NAC TENEDOS	h	i
CASE MIX BASED RATE CALCULATIONS											
1 Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Base Period Per Diem Allowed Amounts											
5 As Filed Cost Center Costs (Routine & Special Strycs 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 7 Cost Center Costs After Audit Adjustments	FY14 C/R Audit Adjstmts FY14 Audited C/R	(\$19,636)	\$0	\$0 \$0	\$0	\$1,205	\$1,454	(\$25,247)	05.054	(\$4,809)	\$7,761
8 Total Nursing Facility Days As Filed Days = 10,450	FY14 Audited C/R Days	\$2,083,153 10,450	\$1,142,250	\$0	\$193,444	\$78,322	\$94,432	\$377,118	\$5,854	\$183,972	\$7,761
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,602	FY 18 GL-PL Ins Rot Days	10,430							21,602		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7/En 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	*100.00	1,5267	40.00	Ų	410.00	[\$50.55	Ψ5.,Σ,	\$11.00	40.74
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9 / £n 10		\$71.60								
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$73.31	\$0.00	\$19,52	\$23,55		\$24.02	\$0.00	N/A	
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$141.06	\$71.60	\$0.00	\$18.51	\$16,53		\$24.02	\$0.27	9.39	\$0.74
Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15 Growth Allowance Percentage = 13.4%	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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.6649</u>								
18 Ortrly Routine Srvcs 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
Quarterly Per Diem Add-on Amounts											
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.38	\$3.38								
22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting 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 Las 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									

Provider: Southland Nursing Home		Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	se Mix Index (0	CMI) Data	-	Facility Specific	State- wide
Prvdr ID: 00409054A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020 06/30/20 Nurse Hours		owth Allowance: Arly BIMS score Auality Incentive:		13.37% 2.5% 3.0%	Qrtrly Mcaio		d Overall CMI: Medicaid CMI: Wght Options:		1.4974 1.5270 1.5508	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	С	d	e	- 2000-00 1	g	g	h	100 20 i 100 1
CASE MIX BASED RATE CALCULATIONS											
1 Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)	***************************************	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90,0% 100,0% \$0,53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Base Period Per Diem Allowed Amounts 5 As Filed Cost Center Costs (Routine & Special Stycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$9,549,981	\$5,013,180	so	\$893,414	\$455,650	\$544,070	\$1,139,982	\$147,464	\$1,356,221	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs 7 Cost Center Costs After Audit Adjustments 8 Total Nursing Facility Days As Filed Days = 52.588	FY12 C/R Audit Adjstmts FY12 Audited C/R FY12 Audited C/R Days	(\$29,285) \$9,520,696	(\$707) \$5,012,473	\$0 \$0	(\$3,735) \$889,679	\$0 \$455,650	\$0 \$544,070	(\$28,578) \$1,111,404	\$147,464	(\$83,132) \$1,273,089	\$86,867 \$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	FY 18 GL-PL Ins Rpt Days	52,588							49,515		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs 10 Base Period Facility <u>Case Mix Index</u> for All Residents 11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 7 / Ln 8 Coi a from 4 qtrs of FY12 Ln 9 / Ln 10	\$181.22	\$95.32 1.4974	\$0.00	\$16.92	\$19.01	(with L&H)	\$21.13	\$2.98	\$24.21	\$1.65
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$63.66 \$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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$23.09		\$20.56	\$0.00	N/A	
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$138.48	\$63,66	\$0.00	\$16.92	\$19.01		\$20.56	\$2.98	13.70 (FRV)	\$1.65
Quarterly Per Diem Rate Prior to Add-ons 15 Growth Allowance Percentage = 13,37%	Ln 14 x Grwth Allwric %	\$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) 17 Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	Ln 14 + Ln 15 per Current Qir End	\$154.54	\$72.17 <u>1.5508</u>	\$0,00	\$19.18	\$21.55	\$0.00	\$23.31	\$2.98	\$13,70	\$1.65
18 Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem 19 Quarterly Medicaid CMA Allowed Per Diem	£n 16 x Ln 17 RS = £n 18, AllOthr = £n 16	\$194.29	\$111.92 \$111.92	\$0,00	\$19.18	\$21.55	\$0.00	\$23.31	\$2.98	\$13.70	\$1.65
Quarterly Per Diem Add-on Amounts 20 Efficiency Add-on Per Diem ((Stnd - A)wdl x .75, up to max. or 0)	(see Policy Manual)	64.40	60.50	\$0.00	60.00	mc 11	60.55				
21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.16 \$2.80	\$0,53 \$2.80	\$0,00	\$0.22	\$0.41	\$0.00	\$0.00		\$0,00	
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) Nursing Home Provider Fee	Ln 19 Col b x Sting Add-on (Fixed Amount)	\$3.36 \$17.10	\$3.36					\$17.10			
24 Total Quarterly Per Diem Add-on Amounts	(Fixed Amount) Sum of Lins 20 thru 23	\$17.10 \$24.42	\$6.69	\$0.00	\$0,22	\$0,41	\$0.00	\$17.10 \$17.10	\$0.00	\$0.00	\$0.00
25 Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$218.71	\$118.61	\$0.00	\$19.40	\$21.96	\$0.00	\$40.41	\$2.98	\$13.70	\$1.65
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$151.21					J	1	<u> </u>		l

Facility Add-on Facility State-Southland Healthcare & Rehab Ctr. Add-on Data and Percentages Score Percent Case Mix Index (CMI) Data Specific wide Prvdr ID: 00143558A Growth Allowance; N/A 13.37% Base Period Overall CMI: 1.5242 1,3617 Case Mix Per Diem Rate Effective Date: 10/1/2020 Qtrly BIMS score 35.1% Quarterly Medicaid CMI: 2.5% 1,4319 1.5138 MDS & Nurse Hrs Data per Quarter Ending: 06/30/20 Nurse Hours per On-Site Day/Quality Incentive: 2.85 2.0% Ortrly Moaid CMI w RUG Wght Options: 1.4548 1.5405 Plant Admin Property Taxes Routine A&G-GL-PL Special Laundry & Line Totals Sources / Dietary Operatos and and and Description Houskpag Services Services Insurance # Calculations & Maint General Related Insurance а b: С ď ាំ

	CASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			i
3	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Eniciency 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 Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,167,749	\$2,423,160	\$0	\$486,787	\$281,646	\$308,120	\$916,153	\$49,173	\$702,710	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$545,105)	(\$169,656)	ş.	(\$3,887)	\$3,071	(\$4,176)	(\$363,805)		(\$38,826)	\$32,174
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,622,644	\$2,253,504	\$0	\$482,900	\$284,717	\$303,944	\$552,348	\$49,173	\$663,884	\$32,174
8	Total Nursing Facility Days As Filed Days = 35,339	FY12 Audited C/R Days	35,413									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,391	FY 18 GL-PL Ins Rpt Days			Ì					33,391		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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	Rouline Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$41.75								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0,00	\$18,41	\$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	\$0.91
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15		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		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	· ·	per Current Qtr End	\$100,00	1.4548	40.00	V10.70	\$10.04	40.00	411.00	\$1.71	\$7.50	40.51
18	The state of the s	Ln 16 x Ln 17		\$68.86								
15		RS = Ln 18, AllOthr = Ln 16	\$131.19	\$68.86	\$0.00	\$15,46	S18.84	\$0.00	\$17.69	\$1.47	\$7.96	\$0,91
	distributions of the control of the	,	\$101.10	400.00	\$0.00	\$10,40	010,04	\$0,00	\$11,03	¥1.41	J.,.55	\$0.51
	Quarterly Per Diem Add-on Amounts											
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		Ln 19 Cel b x CPS Add-on	\$1.72	\$1.72								
22		Ln 19 Col b x Stfng Add-on	\$1,38	\$1.38								
23	<u> </u>	(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
					1	L			1 1		1	

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$101.87

Provider: Southern Pines Nursing Home		Add-on E	ata and Percentages	Facility Score	Add-on Percent		Case Mix Index			Facility Specific	State- wide
Prvdr ID: 00140918A H/B ?: No Case Mix Per Diem Rate Effective Date:	10/01/20		Growth Allowance:	N/A	13.37%			riod Overall CMI:		1.4655	1.3617
MDS & Nurse Hrs Data per Quarter Ending:		a Llaura mar On Cit	BIMS:	39.0% 3.17	2.5% 3.0%	0-4-1-14		ty Medicaid CMI:		1.9472	1.5138
MD3 & Nuise His Data per Quarter Enuing.	00/30/20 19818	e ribuis per On-Si	e Day/Quality Incentive:	3.17	3.0%	аппу м	icaid Civil W RU	G Wght Options:		1.9858	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
		а	b make	C	d	е.	erase filmin	325449 g ,	40.7.4.4	same his see	i
CASE MIX BASED RATE CALCULATIONS		_									•
Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits		T T T T T T T T T T T T T T T T T T T	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			
Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums)			90.0% 100,0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			***************************************
Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt								\$ 54,433 20,467		
Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 95% of Std	FY 2012 Peer Group Limit	\$160.64	\$71.51 \$67.93		\$18.41 \$17.49	\$23.09 \$21.94		\$20.56 \$19.53		\$32.84 \$32.84	
Growth Allowance 13.4% CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem		\$16.97 \$180.34	\$9,08 \$77,01 <u>1,9858</u> \$152,93		\$2.34 \$19.83	\$2.93 \$24.87		\$2.61 \$22.14	\$ 2.73	\$32.84 (FRV Rate)	\$0.91
Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts		\$256.25	\$152.93		\$19.83	\$24.87	a proposación de la composição de la com	\$22.14	\$2.73	\$32.84	\$0.91
BIMS Add-on Per Diem = 2.5% :o Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$3.82 \$4.59	\$3.82 \$4.59				Vocamente de la constantina della constantina d				
Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts		\$17.10 \$25.51					Language Control of the Control of t	17.10			
Quarterly Case Mix Based Per Diem Rate	***************************************	\$25.51	\$161,34		\$19.83	\$24.87		\$39,24	\$2.73	\$32.84	\$0.91
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$198.50	722111	7.31.34		\$15.05	72-7.01		455,24	74.13	401.04	40.51

FINAL

Provider: Southwell Health and Rehab Prvdr ID: 00059826A		Add-on [Data and Percentages Growth Allowance:	Facility Score N/A	Add-on Percent 13.37%		Case Mix Index Base Per	(CMI) Data		Facility Specific 1.4305	State- wide 1.3617
H/B ?: No Case Mix Per Diem Rate Effective Date:	10/01/20		BIMS:	42.5%	2.5%		Quarter	ly Medicaid CMI:		1.2376	1.5138
MDS & Nurse Hrs Data per Quarter Ending:	06/30/20 Nu	se Hours per On-Si	te Day/Quality Incentive:	4.01	3.0%	Qrtrly N	Icaid CMI w RU	G Wght Options:		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
		<u> </u>	la, et a est est b ereitste est est	С	erende.	е	f	g	194440454	h	v. i
CASE MIX BASED RATE CALCULATIONS Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits		**************************************	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			
Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums)			90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt								\$ 34,380 31,753		
Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 95% of Std	FY 2013 Peer Group Limit	\$168.79	\$73.90 \$70.21		\$28,00 \$26.60	\$23.27 \$22.11		\$23.46 \$22.29	ATTENDED TO THE TOTAL THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TH	\$27.24 \$27.24	
Growth Allowance 13.37% CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem		\$18.88 \$190.40	\$9,39 \$79.60 <u>1.2556</u> \$99.94		\$3,56 \$30.16	\$2.96 \$25.07		\$2.98 \$25.27		\$27.24 (FRV Rale)	\$0.34
Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts		\$210.74	\$99.94		\$30.16	\$25,07		\$25.27	\$2.73	\$27.24	\$0.34
BIMS Add-on Per Diem = 2.5% to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$2.50 \$3.00	\$2.50 \$3,00					17.10			444
Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts		\$17.10 \$22.60			***			17.10			
Quarterly Case Mix Based Per Diem Rate		\$233.34	\$105.44		\$30.16	\$25.07		\$42.37	\$2.73	\$27.24	\$0,34
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$162.18	1	ļ			, , , , , , , , , , , , , , , , , , ,		7	T	7=.127	

Facility Add-on Facility State-Provider: Sparta Health & Rehab Score Percent Specific Add-on Data and Percentages Case Mix Index (CMI) Data wide 00143063A Prvdr ID: Growth Allowance: N/A 13.37% Base Period Overall CMI: 1.0832 1,3617 Case Mix Per Diem Rate Effective Date: 10/1/2020 Otrly BIMS score 14.3% 0.0% Quarterly Medicaid CMI: 1.2993 1,5138 MDS & Nurse Hrs Data per Quarter Ending: 06/30/20 Nurse Hours per On-Site Day/Quality Incentive: 3.39 3.0% Ortrly Meald CMI w RUG Wight Options: 1.3216 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
194			а	::::::b;::::::::::::::::::::::::::::::	::::: c :::::::::::::::::::::::::::::::	d	е	succes f	g	g	h	janen i taan
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37	***************************************		
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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	Şi
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$39,489)	(\$22,810)	\$0	\$0	\$0	\$0	(\$16,679)	i	(\$16,933)	\$16,93
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	\$16,93
8	Total Nursing Facility Days As Filed Days = 25,400	FY12 Audited C/R Days	25,400									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,443	FY 18 GL-PL Ins Rpt Days								25,443		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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	\$0.6
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.0832</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.81								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = Ln 9		\$58.81	\$0.00	\$14.24	\$15,83		\$15,13	\$3.05	\$11,04	\$0.6
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$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	\$0.6
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Alfwric %	\$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	\$0.6
17	Quarterly Facility Case Mix Index for Medicald Residents	per Current Qtr End		<u>1.3216</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.11								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOlhr = Ln 16	\$151.42	\$88,11	\$0,00	\$16.14	\$17.95	\$0,00	\$17.15	\$3.05	\$8.35	\$0.6
	Quarterly Per Diem Add-on Amounts											
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 = 0.0% (to Routine Srvs)	៤១ 19 Col b x CPS Add-on	\$0,00	\$0,00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2,64	\$2,64								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.27	\$3.17	\$0.00	\$0.22	\$0.41	\$0,00	\$17.47	\$0.00	\$0,00	\$0.0
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	\$0.6
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$116.69		<u> </u>	l			1	<u> </u>		
		•	Ţ.,_,									

Provider: St. Joseph's Transitional Care Unit Prvdr ID: 00851243A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020 06/30/20 Nurse Hours		owth Allowance: Itrly BIMS score	0.0%	Add-on Percent 13,37% 0,0% 0,0%		Quarterly I	CMI) Data d Overall CMI; Medicaid CMI; Wght Options;		Facility <u>Specific</u> 2.4830 1.5138 1.5405	State- wide 1.3617 1.5138 1.5405
Line # Description	Sources <i>l</i> Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		а	\$25,600 b 110,000	C	d	e	djara faridi.	g	g	::::::::::::::::::::::::::::::::::::::	garan i (kabu
CASE MIX BASED RATE CALCULATIONS											
Cost Center Peer Groups Type of Facifity within Peer Group Bed Size Range wilhin Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			e e e e e e e e e e e e e e e e e e e
Base Period Per Diem Allowed Amounts											
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$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 Adjstmts	(\$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									
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 Srvcs	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		<u>2.4830</u>								
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.52								
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$69,52	\$0,00	\$19.97	\$43.22		\$92.92	\$2.11	\$52.28	\$1.22
Per Diem Standards (After Statewide CMA for Routine Srvcs)	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 (FRV)	\$1.22
Quarterly Per Diem Rate Prior to Add-ons										,,	
15 Growth Allowance Percentage = 13.37%	En 14 x Grwih Allwinc %	\$17.80	\$9.29	\$0.00	\$2.67	\$3.09	\$0,00	\$2.75	N/A	N/A	N/A
16 CMA Allowed Per Diern (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 Ortrly Routine Srvcs 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
Quarterly Per Diem Add-on Amounts										***************************************	
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0,00	
21 BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvs)	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 Srvcs)	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									

1	ovider: Stevens Park vdr ID: 03143404A	Case Mix Per Diem Rate Effective Date:	10/1/2020		l Percentages owth Allowance: Qtrly BIMS score		Add-on Percent 13,37% 2,5%	Cas		d Overall CMI:		Facility Specific 1.6519	State- wide 1,3617
		MDS & Nurse Hrs Data per Quarter Ending:		per On-Site Day/0			3.0%	Ortrly Mozic	Cuarteny i I CMI w RUG 1	Medicaid CMI: Wght Options:		1.6815 1.7143	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	С	d d	Θ	55976 f 55979	9	g	h	geografica
<u>C/</u>	ASE MIX BASED RATE CAL	CULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Grou	1	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	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 3 4	Peer Group Standards & Efficienc Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (se		(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90,0% 100,0% \$0,00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Am	nounts											
5	As Filed Cost Center Costs (Routi	ne & Special Srvcs 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 Reallocation	ns to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$8,898)	(\$5,436)	\$0	(\$1,961)	\$0	\$0	(\$3,809)		(\$14,846)	\$17,154
7	Cost Center Costs After Audit Adju	stments	FY12 Audited C/R	\$3,659,899	\$1,901,673	so.	\$379,849	\$100,679	\$237,712	\$521,405	\$47,619	\$453,808	\$17,154
8	Total Nursing Facility Days	As Filed Days = 16,235	FY12 Audited C/R Days	16,235									
	Total Nursing Facility Days GL-P	PL Ins. Rpt As Filed Days = 15,779	FY 18 GL-PL Ins Rpt Days								15,779		
9	Net Per Diems prior to Case Mix A	djstmt to Routine Srvcs	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 In	idex for All Residents	from 4 qtrs of FY12		<u>1.6519</u>								
11	Routine Srvcs Case Mix Adjstd ((CMA) Net Per Diem	Ln 9 / Ln 10		\$70,91								
12	Net Per Diems after Case Mix Adjs	Imt to Routine Srvcs	RS = Ln 11, AliOthr = 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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0,00	N/A	
14	Base Period Case Mix Adjusted All	owed Per Diem	Lesser of Ln 12 or Ln 13	\$169.23	\$70,91	\$0,00	\$18.41	\$20.84		\$20.56	\$3.02	34.43	\$1.06
	Quarterly Per Diem Rate Prior to A	dd-ons										(FRV)	
15	Growth Allowance Percentage =	<u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$17.48	\$9.48	\$0,00	\$2.46	\$2.79	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growt	h 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	Ortrly Routine Srvcs Case Mix A	djstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$137.81								
19	Quarterly Medicaid CMA Allowed P	er 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
	Quarterly Per Diem Add-on Amour	nts											
20	Efficiency Add-on Per Diem ([Stnd	- Alwd] 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 =	2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3,45	\$3,45								
22	Nurse Staff Hrs / Quality Add-on Pe	er Diem = 3.0% (to Rouline Srvcs)	En 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 A	mounts	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 Dier	m 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 H	old and Leave Days	(Ln 25 - Ln 23) * 0.75	\$189.43									

1	rovider: Summerhill Elderliving Home		Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 13,37%	Cas	se Mix Index (I	CMI) Data d Overall CMI:		Facility Specific	State- wide
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending;	10/1/2020 06/30/20 Nurse Hours		trly BIMS score	50.0%	5.5% 3.0%	Ortrly Mcaid	Quarterly	d Overall CMI; Medicald CMI; Wght Options;		1.3692 1.5909 1.6191	1.3617 1.5138 1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskong	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	e	osma f dige	g	g	ing the state of	paragraph and
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facililies All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90,0% 100,0% \$0,53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100,0% \$0,41		50.0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$8,273,605	\$4,493,073	so	\$1,081,800	\$525,800	\$577,474	\$1,045,895	\$121,065	\$428,498	\$0
6 7	Audit Adjustments and Realiocations to Cost Center Costs Cost Center Costs After Audit Adjustments	FY12 C/R Audit Adjstmts FY12 Audited C/R	(\$90,357) \$8,183,248	(\$80,228) \$4,412,845	\$0 \$0	\$0 \$1,081,800	(\$159) \$525,641	\$73,654 \$651,128	(\$76,632) \$969,263	\$121,065	(\$59,884) \$368,614	\$52,892 \$52,892
8	Total Nursing Facility Days As Filed Days = 55,253 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 57,192	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	55,253							57,192		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.34								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$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	\$0.96
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	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		<u>1.6191</u>					4			
18	Ortrly Routine Srvcs 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
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1,31	\$0,53	\$0.00	\$0.00	\$0.41	\$0,00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$5.89	\$5.89								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	\$27.51	\$9,63	\$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	\$216.42	\$116.72	\$0.00	\$20.87	\$24.56	\$0,00	\$37.36	\$2.12	\$13.83	\$0.96
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$149.49			•						

Provide Prvdr II		10/1/2020	Add-on Data and Percentages Growth Allowance Qtrly BIMS score per On-Site Day/Quality Incentive	36,5%	Add-on Percent 13,37% 2,5% 3,0%			d Overall CMI: Medicaid CMI:	•	Facility <u>Specific</u> 1,1798 1,2875 1,3079	State- wide 1.3517 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
CASE	MIX BASED RATE CALCULATIONS		a b	С	d	e	and f	g	g	Bases to be selected	politic lada
	t 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 Pe	r Group Standards & Efficiency Measure Limits ver Group Standards: Percentile ver Group Standards: Mulliplier ficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)	90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85,0% 100,0% \$0,41	70.00	50.0% 105.0% \$0.37			

1	Provider: Tara at Thunderbolt Nursing & Rehab Center Prodr ID: 00727801A	_	Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 13.37%	Ca	se Mix Index (I	CMI) Data d Overall CMI:	,	Facility <u>Specific</u> 1.5802	State- wide 1,3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:		O per On-Site Day/Q	trly BIMS score luality Incentive:		1,0% 3.0%	Ortrly Mcaid		Medicaid CMI: Wght Options:		1.5269 1.5544	1.5138 1.5405
Line		Sources / Calculations	Totals	Routine Services	Special Services	Dielary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
1,444			а	300 10 b and 10 b	C	6 d d (//6)	e	f	g	ġ	h.	aa aya k yayar
<u>c</u>	CASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100,0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85,0% 100,0% \$0,41	TO THE RESIDENCE OF THE	50.0% 105.0% \$0.37			
_	Base Period Per Diem Allowed Amounts										:	
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	*******	\$3,457,694	\$0		\$357,288	\$370,163	\$1,576,669	\$172,244	\$1,334,165	\$0
6 7	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts FY12 Audited C/R	(\$803,200)	(\$251,995)	\$0 \$0	1 ' '	(\$2,580)	ì	(\$631,432)	1	(\$14,266)	\$101,834
8	Cost Center Costs After Audit Adjustments	FY12 Audited C/R Days	\$7,101,794	\$3,205,699	\$0	\$631,286	\$354,708	\$370,887	\$945,237	\$172,244	\$1,319,899	\$101,834
٥	Total Nursing Facility Days As Filed Days = 44,915 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 45,494	FY 18 GL-PL Ins Rot Days	44,895							45,494		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7/Ln 8 Col a	\$158.13	\$71.40	\$0.00	\$14.06	\$16.16	(with L&H)	\$21.05	\$3,494	\$29.40	\$2,27
10	,	from 4 qtrs of FY12	\$135,15	1.5802	\$0,00	\$14.00	\$10,10	[min con y	QE1,03	\$0.75	\$25,40	Ψ£, £,1
11		Ln 9/Ln 10		\$45.18								
12		RS = Ln 11, AllOthr = Ln 9		\$45,18	\$0.00	\$14.06	\$16,16		\$21.05	\$3,79	\$29,40	\$2.27
13	· ·	per Peer Group Limits		\$71,51	\$0.00	1	\$23.09		\$20.56	\$0.00	N/A	
14		Lesser of Ln 12 or Ln 13	\$120.01	\$45.18	\$0.00	1	\$16.16		\$20.56	\$3.79	17.99 (FRV)	\$2.27
	Quarterly Per Diem Rate Prior to Add-ons											
15	· · · · · · · · · · · · · · · · · · ·	Ln 14 x Grwth Allwnc %	\$12.83	\$6.04	\$0.00	\$1.88	\$2.16	\$0.00	\$2.75	N/A	N/A	N/A
16 17		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		per Current Qfr End Ln 16 x Ln 17		1,5544 \$79,62								
19	, , ,	RS = Ln 18, AllOthr = Ln 16	\$161.24	\$79.62 \$79.62	\$0.00	\$15.94	\$18.32	\$0.00	\$23.31	\$3.79	\$17.99	\$2.27
	Quarterly Per Diem Add-on Amounts											
20	•	(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 Srvs)	Ln 19 Col b x CPS Add-on	\$0,80	\$0.80								
22	Nurse Staff Hrs / Quality Add-on Per Diern = 3.0% (to Routine Srvcs)	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									

F	Provider: Tattnall Nursing, LLC		Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	e Mix Index (6	CMD Data		Facility Specific	State- wide
1	Prydr ID: 00143228A			owth Allowance:	N/A	13.37%		:	d Overali CMI:		1,1942	1.3617
·	Case Mix Per Diem Rate Effective Date:	10/1/2020		Oldy BIMS score		1.0%			Medicaid CMI:		1,2912	1.5138
	MDS & Nurse Hrs Data per Quarter Ending:		er On-Site Đay/C			2,0%	Ortrly Moaid		Wght Options:		1.3130	1.5405
			•	-			·					
Line			kval <u>i</u> matos	Routine	Special	E Liberaturi	Laundry &	Piant	Admin	A&G- GL-PL	Property	Taxes
Line #	Description	Sources / Calculations	Totals	Services	Services	Dietary	Houskong	Operains	and	Insurance	and	and
		Calculations	a	b	С	d	e	& Maint	General	a a	Related h	Insurance
CA	SE MIX BASED RATE CALCULATIONS	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		· ·		, U	1 200 and 5 and 6	37.5,50 135 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	3-33 - 9		341 (Sept. 241 (25) 25 (25)	222424244
1	Cost Center Peer Groups	(see Policy Manual)		1	4	2	1	1	1			
	Type of Facility within Peer Group	(See Poncy Manual)		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			7 11 500 67200	roi Dea Orges	, as Ded Cales	711 DCG 01203	All Ded Olzes	Al Ded Gizes			
2	Peer Group Standards; Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards; Multiplier	(see Policy Manual)		100,0%	100.0%	100.0%	100.0%		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	(coor one, manaa)		\$0.00		40.22	40.17		\$5.57			
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,042,069	\$1,467,317	so.	\$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	FY12 Audited C/R Days	30,506									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,626	FY 18 GL-PL ins Rpt Days								27,626		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$101.30	\$48.06	\$0.00	\$11.24	\$13.30	(with L&H)	\$17.63	\$0,70	\$9.72	\$0.65
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.1942</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$40.24								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOlhr = 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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0,00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$90.41	\$40.24	\$0.00	\$11.24	\$13.30		\$17,63	\$0,70	6.65	\$0.65
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
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 QIr End		<u>1.3130</u>								
18	Ortrly Routine Srvcs Case Mix Adjstd (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
	Quarterly Per Diem Add-on Amounts	for Defortions										
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 Srvs)	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 Srvcs)	Ln 19 Col b x Sting Add-on	\$1.20	\$1,20		1						
23 24	Nursing Home Provider Fee	(Fixed Amount) Sum of Lns 20 thru 23	\$17.10		***	1		***	\$17,10		***	
25	Total Quarterly Per Diem Add-on Amounts Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$20.43 \$136,14	\$2.33 \$62.23	\$0.00	\$0.22 \$12.96	\$0.41 \$15.49	\$0,00	\$17.47 \$37.46	\$0.00	\$0,00 \$6.65	\$0,00
26	Quarterly Case MIX Based Per Diem Rate Quarterly Per Diem Rate for Bed Hold and Leave Days	(En 25 - Ln 23) * 0.75	\$136.14	302.23	30.00	\$12.36	\$15.49	\$0.00	\$31.46	\$0.70	50.05	\$0.65
		(CH 25 - CH 25) 0.75										
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									

Facility

Specific

State-

wide

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

Add-on Data and Percentages

Provider: Taylor County Health Care

15

16

17

18

19

20

21

22

23

24

25

Growth Allowance Percentage =

CMA Allowed Per Diem (After Growth Allowance Add-on)

Quarterly Medicaid CMA Allowed Per Diem

Total Quarterly Per Diem Add-on Amounts

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

Quarterly Case Mix Based Per Diem Rate

Quarterly Per Diem Add-on Amounts

BIMS Add-on Per Diem =

Nursing Home Provider Fee

Quarterly Facility Case Mix Index for Medicaid Residents

Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)

Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)

Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem

Facility

Score

Add-on

Percent

Case Mix Index (CMI) Data

	Taylor County Health Care	_	Acc-on Data and	Percentages	Score	reiten	Cas	se Mix Index (L	MI) Data		Specific	wide
Pi	rvdr ID: 00432924A			owth Allowance;	N/A	13.37%			d Overall CMI;		1.2388	1.3617
	Case Mix Per Diem Rate Effective Date;	10/1/2020		itrly BIMS score		2.5%			Medicaid CMI;		1.5782	1.5138
	MDS & Nurse Hrs Data per Quarter Ending:	06/30/20 Nurse Hours	per On-Site Day/C	uality Incentive:	3,31	3.0%	Qrtrly Mcaid	CMI w RUG \	Nght Options;		1.6056	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
			а	b	С	d	e	f	g	g	A Gorald h olosoppis	Parity I grand
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	,	1	1	1			
	Type of Facility within Peer Group	(oss t sile) managy		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%	1	50.0%			
3	Peer Group Standards; Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Enriciency 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 Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,232,924	\$1,656,948	\$0	\$352,825	\$156,924	\$213,788	\$446,580	\$74,726	\$331,133	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$15,368)	\$0	\$0	(\$1,391)	\$0	(\$221)	(\$14,826)		(\$35,439)	\$36,509
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,217,556	\$1,656,948	\$0	\$351,434	\$156,924	\$213,567	\$431,754	\$74,726	\$295,694	\$36,509
8	Total Nursing Facility Days As Filed Days = 23,918	FY12 Audited C/R Days	23,918									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,022	FY 18 GL-PL Ins Rpt Days								26,022		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.92								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AilOthr = 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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$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	\$1.53
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	

\$13.92

\$133.43

\$171.83

\$1.53

\$2.55

\$3.05

\$17,10

\$24.23

\$196.06

\$134,22

\$7.48

\$63.40

1.6056

\$101.80

\$101,80

\$0.53

\$2.55

\$3.05

\$6.13

\$107.93

\$0.00

\$0,00

\$0.00

\$0.00

\$0.00

\$0.00

\$1.96

\$16,65

\$16,65

\$0.22

\$0.22

\$16.87

\$2.07

\$17.56

\$17,56

\$0.41

\$0.41

\$17.97

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$2.41

\$20.46

\$20.46

\$0.37

\$17,10

\$17.47

\$37.93

N/A

\$2.87

\$2.87

\$0.00

\$2.87

N/A

\$10.96

\$10,96

\$0.00

\$0.00

\$10.96

N/A

\$1.53

\$1,53

\$0.00

\$1.53

Ln 14 x Grwth Allwnc %

Ln 14 + Ln 15

per Current Qtr End

Ln 16 x Ln 17

RS = Ln 18, AllOthr = Ln 16

(see Policy Manual)

Ln 19 Col b x CPS Add-on

Ln 19 Col b x Stfng Add-on

(Fixed Amount)

Sum of Lns 20 thru 23

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0,75

2.5% (to Routine Srvs)

	TI 0 / / 1 I I I I I O D I I I			Facility	Add-on		Facility	State-
Provider:	The Center for Advanced Rehab @ Parkside		Add-on Data and Percentages	Score	Percent	Case Mix Index (CMI) Data	Specific .	wide
Prvdr ID:	00083102A		Growth Allowance:	N/A	13,37%	Base Period Overall CMI:	1.2877	1.3617
	Case Mix Per Diem Rate Effective Date:	10/1/2020	Qtrly BIMS score	26.1%	1.0%	Quarterly Medicaid CMI:	1.9116	1,5138
	MDS & Nurse Hrs Data per Quarter Ending:	06/30/20	Nurse Hours per On-Site Day/Quality Incentive:	4,07	3.0%	Ortrly Meaid CMI w RUG Wight Options:	1.9495	1,5405
								i

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskprig	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	C	d	e	f	g	g	h	3039) 1 303
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 Ali Facilities Ali 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 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,400,148	\$3,792,296	so	\$907,033	\$201,398	\$519,375	\$774,710	\$148,372	\$1,056,9 6 4	\$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	0140,072	(\$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 Srvcs	£n 7 / Ln 8 Cot 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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Լո 9 / Լդ 10		\$73.64								
12	Net Per Diems after Case Mix Adjstmt to Routine Srycs	RS = Ln 11, AllOthr = Ln 9	Ì	\$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 Srvcs)	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	\$0.08
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
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	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$158.05						l		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlhr = Ln 16	\$235.58	\$158.05	\$0.00	\$12.73	\$23.75	\$0,00	\$23,31	\$3,42	\$14.24	\$0.08
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0,00	\$0,00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	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 Stycs)	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									-

State-

Facility

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

Facility

Add-on

1	rovider: The Fountainview Ctr for Alzheimer's Disease	_	Add-on Data and		Score	Percent	Cas	se Mix Index ((Specific	wide
P	rvdr ID: 00421429A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020 06/30/20 Nurse Hours		owth Allowance; Urly BIMS score Quality Incentive;	82.2%	13.37% 5.5% 3.0%	Qrtrly Mcaid		d Overall CMI: Medicaid CMI: Wght Options:		1,2118 1,5807 1,6078	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
20.50 20.50			a	Janes b Service	C	d	е	0.000 f (0.000)	g	9	2000 (100 house)	14.050 1 5.050
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	***************************************		
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90,0% 100,0% \$0,22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$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	(\$115,106)	(\$27,150)	\$0	\$13,302	\$0	\$0	(\$101,258)		(\$167,822)	\$167,822
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,304,074	\$3,402,381	\$0	\$941,631	\$463,144	\$428,868	\$1,230,320	\$140,055	\$529,853	\$167,822
8	Total Nursing Facility Days As Filed Days = 40,759	FY12 Audited C/R Days	40,759									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 42,441	FY 18 GL-PL Ins Rpt Days								42,441		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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		<u>1.2118</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.89								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = 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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23,09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$151,20	\$68,89	\$0.00	\$18.41	\$21.89		\$20.56	\$3,30	14.03 (FRV)	\$4.12
	Quarterly Per Diem Rate Prior to Add-ons											
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 17	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15 per Current Qtr End	\$168.55	\$78.10	\$0,00	\$20,87	\$24.82	\$0.00	\$23.31	\$3.30	\$14.03	\$4,12
18	Quarterly Facility Case Mix Index for Medicaid Residents	Ln 16 x Ln 17		1.6078 \$125.57								
19	Qrtrly Routine Srvcs Case Mix Adjstd (СМА) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$216.02	\$125.57 \$125.57	\$0.00	\$20.87	\$24.82	\$0.00	\$23.31	\$3,30	\$14.03	\$4.12
	Quarterly Per Diem Add-on Amounts											
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 = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$6.91	\$6,91	43.00		43211	1	12.05		Ţ3.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	En 19 Col b x Stfng Add-on	\$3.77	\$3,77								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17,10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.72	\$11,21	\$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	\$244.74	\$136.78	\$0.00	\$20.87	\$25,23	\$0.00	\$40.41	\$3.30	\$14.03	\$4.12
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$170.73			1		Į.		1		<u> </u>

Provider: The Lodge		Add-on C	ala and Percentages	Facility Score	Add-on Percent		Case Mix Index	(CMI) Data		Facility Specific	State- wide
Prvdr ID: 00142381A			Growth Allowance:	N/A	13,37%	-	Base Per	iod Overall CMI:		1.4841	1.3617
H/B ?: No Case Mix Per Diem Rate Effective Date:	10/01/20		BIMS:	42.9%	2.5%		Quarter	ly Medicaid CMI:		1.6567	1.5138
MDS & Nurse Hrs Data per Quarter Ending:	06/30/20 Nurs	e Hours per On-Sit	e Day/Quality Incentive;	4.46	3.0%	Qrlrly M		G Wght Options:		1.6882	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
		Astronomica attended to	ezerre og et b gestivezsster	::-:::::::::::::::::::::::::::::::::::	d	е	9979 (000) f - 0000	gg	Transporting environment	gradus h arrys	i
CASE MIX BASED RATE CALCULATIONS				-							
Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits			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	material promote promo		
Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums)			90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37	Parket in an annual services		
Per Diem Costs and Add-ons			V -1	40.00	4-1						
GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt]				\$ 87,427		
Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt						}		42,182		1
Standard Per Diem (After CMA for Routine Srvcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20,56	·	\$33.65	5 \$0.0
Allowed @ 95% of Std		\$160.54	\$67.93		\$17.49	\$21.94	ĺ	\$19.53		\$33.65	5 \$0.0
Growth Allowance 13.4%		\$16.97	\$9.08		\$2.34	\$2.93		\$2,61	ł		1
CMA Allowed Per Diem (After Growth Allowance)		\$179.58	\$77.01		\$19.83	\$24.87	•	\$22.14	\$ 2.07	\$33.65	\$0.0
Quarterly Facility Case Mix Index for Medicaid Residents			<u>1.6882</u>			i				(FRV Rate)	
Ortly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem			\$130.01						į		1
Quarterly Medicaid CMA Allowed Per Diem		\$232.58	\$130,01		\$19.83	\$24.87		\$22,14	\$2.07	\$33.65	so.00
Quarterly Per Diem Add-On Amounts		, i									
BIMS Add-on Per Diem = 2.5% to Routine Srvs)		\$3.25	\$3,25				•	1			
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$3.90	\$3.90				***************************************	ĺ			
Nursing Home Provider Fee		\$17,10					Www.	17.10			
Total Quarterly Per Diem Add-On Amounts		\$24,25									
Quarterly Case Mix Based Per Diem Rate		\$256.83	\$137,16		\$19,83	\$24.87	-	\$39.24	\$2.07	\$33.65	\$0.00
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$179.79								I		1

State-

Facility

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

Facility

Add-on

	rovider. The Oaks - Bethany (Vidalia)	_	Add-on Data and	Percentages	Score	Percent	Cas	se Mix Index ((CMI) Data		Specific .	wide_
Р	rvdr ID: 00140258A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020 06/30/20 Nurse Hours		owth Allowance: htrly BIMS score		13,37% 2,5% 3,0%	Oddy Megic	Quarterly	d Overall CMI; Medicaid CMI; Wght Options;		1.4603 1,4888 1,5138	1,3617 1,5138 1,5405
			por our one bayre	l	J	1	i	1	T	Inches a communication of		L
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
3000			а	b	C	d	e	f	g	g	h	- 1.00gg i 0.0gg
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90,0% 100,0%	85.0% 100.0%		50.0% 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 Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	st \$8,564,531	\$4,722,890	\$0	\$870,206	\$640,113	\$554,298	\$1,162,143	\$404,204	\$210,677	\$(
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$216,528)	(\$4,858)	\$0	\$0	so	(\$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 Srvcs	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		<u>1.4603</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.64								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20,56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of En 12 or En 13	\$126.51	\$54,64	\$0,00	\$14.72	\$20.16		\$16.14	\$7.14	13,19	\$0.52
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
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		4.12.12		*****	4,0.00	4	¥10.13	V 0.02
18	Qrtriy Routine Srvcs 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
	Quarterly Per Diem Add-on Amounts											
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 Srvs)	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 Srvcs)	Ln 19 Col b x Sting 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 + Lπ 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		J	1		J	L			1

Provide	The Oaks at Limestone, LLC		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State- wide
Prvdr IE	: 00141743A		Growth Allowance:	N/A	13.37%	Base Period Overall CMI:	1.5724	1.3617
	Case Mix Per Diem Rate Effective Date;	10/1/2020	Qtrly BIMS score	50.0%	5,5%	Quarterly Medicaid CMI:	1.5362	1.5138
	MDS & Nurse Hrs Data per Quarter Ending:	06/30/20	Nurse Hours per On-Site Day/Quality Incentive:	4.05	2.0%	Qrtrly Mcaid CMI w RUG Wght Options:	1.5592	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	ь	C C	d	е	f	g	g	se saka h aye, aya	2000 1 0.00
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Srvcs	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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$65,51								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$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	\$3,52
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
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 Qir End		<u>1.5592</u>								
18	Qrtrly Routine Srvcs 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
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Magual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0,00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	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 Srvcs)	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			ıl				·		

ŀ	Provider: The Oaks at Scenic View		Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	e Mix Index (C	CMI) Oata		Facility Specific	State- wide
F	Prvdr ID: 00178307A Case Mix Per Diem Rate Effective Date:	10/1/2020		owth Allowance:		13.37%			d Overall CMI;		1.5260	1.3617
	MDS & Nurse Hrs Data per Quarter Ending:		er On-Site Day/Q	trly BIMS score tuality Incentive:		0,0% 3,0%	Ortrly Meald		Medicaid CMI: Wght Options;		1.6365 1.6662	1.5138 1.5405
11.5				Routine	Special	0.500.000.000	Laundry &	Plant	Admin	A&G- GL-PL	Property	Taxes
Line #		Sources / Calculations	Totals	Services	Services	Dietary	Houskong	Operatns & Maint	and General	Insurance	and Related	and Insurance
			а		c	ď	е	100 (100 (100 (100 (100 (100 (100 (100	g	g	h	energialista Stantopialista
2	CASE MIX BASED RATE CALCULATIONS	1.11										
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			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	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 Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,083,419	\$4,226,764	\$0	\$654,059	\$498,833	\$545,367	\$1,141,692	\$356,084	\$660,620	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$145,534)	(\$2,957)	\$0	(\$577)	\$0	(\$3,418)	(\$138,181)		(\$107,447)	\$107,046
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,937,885	\$4,223,807	\$0	\$653,482	\$498,833	\$541,949	\$1,003,511	\$356,084	\$553,173	\$107,046
8	Total Nursing Facility Days As Filed Days = 47,855	FY12 Audited C/R Days	47,855									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 46,455	FY 18 GL-PL Ins Rpt Days								46,455		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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		from 4 qtrs of FY12		<u>1.5260</u>								
11	, , ,	Ln 9 / Ln 10		\$57.84								
12	-	RS = Ln 11, AllOthr = Ln 9		\$57.84	\$0.00	\$13.66	\$21,75		\$20,97	\$7.67	\$11.56	\$2.24
13		per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$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
	Quarterly Per Diem Rate Prior to Add-ons										(J-KV)	
15	Growth Allowance Percentage = 13.37%	En 14 x Grwth Allwric %	\$15.22	\$7.73	\$0.00	\$1,83	\$2.91	\$0.00	\$2.75	N/A	N/A	N/A
16	,	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		per Current Qtr End		<u>1.6662</u>								
18	, , , , , , , , , , , , , , , , , , , ,	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
	Quarterly Per Diem Add-on Amounts											
20	I	(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 Srvs)	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 Srvcs)	Ln 19 Col b x Sting 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									

	Provider: Prvdr ID:	The Oaks Nursing Home, Inc. 00142271A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020		owth Allowance: Otrly BIMS score	46.0%	Add-on Percent 13.37% 5.5% 3.0%	-		d Overali CMI: Medicaid CMI:		Facility <u>Specific</u> 1.2854 1.7229 1.7567	State- wide 1.3617 1.5138 1.5405
Li	ine #	Description	Sources / Calculations	Totals a	Routine Services b	Special Services	Dietary	Laundry & Houskpng e	Plant Operatns & Maint	Admin and General a	A&G- GL-PL Insurance	Property and Related h	Taxes and Insurance
	1 Cost Ce	IIX BASED RATE CALCULATIONS enter Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			

#	Description	Calculations	lotais	Services	Services	Dietary	Houskpng	Operatns & Maint	and General	Insurance	and Related	and Insurance
			а	b	С	d (e	1 f	g	g	h.	araga Cagaa
С	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	4			
'	Type of Facility within Peer Group	(See Folloy Manual)		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	ļ		
	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 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0%			
"	Entoertoy Weesure Maximums (see line 20 to addan)	(see Policy Manual)		\$0.55	30.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,280,985	\$1,144,706	\$0	\$288,459	\$77,380	\$246,675	\$400,371	\$34,342	\$89,052	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$2,666)	\$3,281	\$0	\$383	(\$740)	(\$2,076)	(\$3,328)	f	(\$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	1	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Co1 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		<u>1,2854</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.08								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Stress)	per Peer Group Limits		\$71.51	\$0,00	\$18.41	\$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	\$2.09
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
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		<u>1.7567</u>								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.76								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlhr = Ln 16	\$172.01	\$93.76	\$0,00	\$17.27	\$19.19	\$0.00	\$23.31	\$1.61	\$14.78	\$2.09
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1,16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$5.16	\$5.16					1		15,55	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	En 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

\$135.86

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

Provider: The Oaks of Athens		Add on I	Data and Percentages	Facility Score	Add-on Percent		Case Mix Index	(CM) Date	***	Facility Specific	State- wide
Prvdr ID: 00140126A		Add-oil	Growth Allowance:		13,37%	-		riod Overall CMI:		1,4177	1.3617
H/B ?: No Case Mix Per Diem Rate Effective Date:	10/01/20		BIMS:	19.1%	0.0%			ly Medicaid CMI:		1,4992	1.5138
MDS & Nurse Hrs Data per Quarter Ending:		rse Hours ner On-Si	te Day/Quality Incentive:		3,0%	Ordely M		G Wght Options:		1.5266	1,5405
ino a ria o	110	ise floors per Oil-Oi	ie Dayreduality meerinve.	4.10	5.076	Qitily IV	Cald Civil W NO	G vvgiit Options.		1.5200	1,3403
Line # Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		a		С	d	е .	on of many	g		h	I i
CASE MIX BASED RATE CALCULATIONS		1				•					
Cost Center Peer Groups per Selected Options			1 1	1	2	1	1 1	1	ļ		ļ
Type of Facility within Peer Group Bed Size Range within Peer Group		1	All Facilities All Bed Sizes	All Facilities	Freestanding		All Facilities	All Facilities			}
Peer Group Standards & Efficiency Measure Limits			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
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%	THE STATE OF THE S	105.0%			ļ
Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Per Diem Costs and Add-ons			40,00	ψ5.55]	40.77		φο.σ,			
GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt	Ì				İ			\$ 356,084		
Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt	1					1		48,701	ļ	ł
Standard Per Diem (After CMA for Routine Srvcs)	FY 2012 Peer Group Limit	t	\$71.51		\$18,41	\$23.09	i	\$20.56		\$30,90	\$1.5
Allowed @ 95% of Std		\$159.61	\$67.93		\$17.49	\$21.94	Ì	\$19.53		\$30.90	
Growth Allowance 13.4%		\$16.97	\$9.08		\$2,34	\$2,93	į	\$2.61			
CMA Allowed Per Diem (After Growth Alowance)		\$183.89	\$77.01		\$19.83	\$24.87		\$22.14	\$ 7.31	\$30.90	\$1.8
Quarterly Facility Case Mix Index for Medicaid Residents			1.5266							(FRV Ra(e)	
Ortly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem			\$117.57								
Quarterly Medicaid CMA Allowed Per Diem		\$224,44	\$117.57		\$19.83	\$24.87		\$22,14	\$7,31	\$30,90	\$1.8
Quarterly Per Diem Add-On Amounts								,	, , , , ,		,
BIMS Add-on Per Diem = 0.0% o Routine Srvs)		\$0.00	\$0.00			}		1			
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$3.53	\$3.53					1	i		
Nursing Home Provider Fee		\$17.10						17.10			
Total Quarterly Per Diem Add-On Amounts		\$20.63				1					
Quarterly Case Mix Based Per Diem Rate		\$245.07	\$121.09		\$19.83	\$24.87	·	\$39.24	\$7.31	\$30,90	\$1.8
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$170.98				***************************************		İ				1

1	Provider: The Oaks of Carrollton	_	Add-on Data and	l Percentages	Facility Score N/A	Add-on Percent	Cas	se Mix Index (Facility Specific	State- wide
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020 06/30/20 Nurse Hours p	•	Otrly BIMS score	21.1%	13.37% 1.0% 3.0%	Ortrly Mcaio	Quarterly	d Overall CMI; Medicaid CMI; Wght Options;		1,5821 1,2308 1,2501	1,3617 1,5138 1,5405
Lin		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a		С	d	е	ising f	g	g	h	(Carlotter C
9	CASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85,0% 100,0% \$0,41	T-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5		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 Adjstmts	(\$46,635)	(\$3,973)	\$0	so	(\$1,599)	(\$3,386)	(\$34,759)	7,0,00	(\$88,849)	\$85,931
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,990,920	\$1,363,485	\$0	\$234,636	\$221,715	\$220,043	\$471,671	\$101,051	\$292,388	\$85,931
8	Total Nursing Facility Days As Filed Days = 14,520	FY12 Audited C/R Days	14,520									-
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 14,492	FY 18 GL-PL Ins Rpt Days							1	14,492		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$205.99	\$93.90	\$0.00	\$16.16	\$30.42	(with L&H)	\$32,48	\$6.97	\$20.14	\$5.92
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.5821</u>				-				
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59,35								
12	,	RS = Ln 11, AliOlhr = Ln 9		\$59,35	\$0.00	\$16,16	\$30.42		\$32.48	\$6.97	\$20.14	\$5.92
13	,	per Peer Group Limits		\$71.51	\$0,00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14		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
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	645.04	67.04	60.00	60.46	***	***	40.75			
16		Ln 14 + Ln 15	\$15.94 \$170.23	\$7.94 \$67,29	\$0.00 \$0.00	\$2.16 \$18.32	\$3.09 \$26.18	\$0.00 \$0.00	\$2.75 \$23.31	N/A	N/A	N/A
17	,	per Current Qir End	\$110.23	1.2501	ŞU.00	\$10.32	\$20.18	\$0.00	\$23.31	\$6.97	\$22.24	\$5.92
18	, , ,	Ln 16 x Ln 17		\$84,12								
19		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
	Quarterly Per Diem Add-on Amounts											
20	1 -	(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 Srvs)	Ln 19 Col b x CPS Add-on	\$0.84	\$0.84								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.52	\$2.52								
23		(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									
			1	1								

Provider: The Place at Do	eans Bridge	_	Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 13,37%	Cas	e Mix Index (CMI) Data d Overall CMI:		Facility Specific 1.4214	State- wide
AVUID. VOITION	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020 06/30/20 Nurse Hours		trly BIMS score		2.5% 3.0%	Ortrly Meald	Quarterly	d Overall CMI: Medicaid CMI: Wght Options:		1,4214 1,5182 1,5478	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
			а	b	С	d	e	f	g	g	h	27844 1 8883
CASE MIX BASED RATE C	CALCULATIONS											
Cost Center Peer Groups Type of Facility within Peer Bed Size Range within Peer		(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Effic Peer Group Standards: Perce Peer Group Standards: Multip Efficiency Measure Maximum.	entile Dier	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90,0% 100,0% \$0,00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Base Period Per Diem Allowe	d Amounts											
i I	(Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$4,709,219	\$2,353,279	\$0	\$469,452	\$245,103	\$221,119	\$735,262	\$200,608	\$484,396	\$0
6 Audit Adjustments and Realio	cations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$347,696)	(\$160,571)	\$0	\$550	(\$683)	(\$618)	(\$182,099)		(\$40,182)	\$35,907
7 Cost Center Costs After Audit	t 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 N	Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Coi 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 N	Mix Index for All Residents	from 4 qtrs of FY12		1.4214								
11 Routine Srvcs Case Mix Ac	djstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.17								
12 Net Per Diems after Case Mix	Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$53.17	\$0.00	\$15.20	\$16.02		\$19.06	\$7,32	\$15.31	\$1.24
13 Per Diem Standards (After Stat	tewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0,00	\$18,41	\$23.09		\$20.56	\$0.00	N/A	
14 Base Period Case Mix Adjuste		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
Quarterly Per Diem Rate Prior	l l											
 15 Growth Allowance Percentage 16 CMA Allowed Per Diem (After) 		Ln 14 x Grwth Allwnc % Ln 14 + Ln 15	\$13.97	\$7.11	\$0,00	\$2.17	\$2.14	\$0.00	\$2.55	N/A	N/A	N/A
•	,	per Current Qtr End	\$136.16	\$60.28	\$0.00	\$18.37	\$18.16	\$0.00	\$21,61	\$7.32	\$9.18	\$1.24
· · · · · ·	Index for Medicaid Residents	Ln 16 x Ln 17		<u>1.5478</u> \$93,30								
19 Quarterly Medicaid CMA Allov	Mix Adjstd (CMA) Net Per Diem wed 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
Quarterly Per Diem Add-on Ar	mounts											
	[[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 Srvs)	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 Srvcs)	Ln 19 Coi b x Sifng 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	r 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 B	ed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$131.88		•			•	1		······································	•

State-

wide_

Facility

Specific

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

Add-on Data and Percentages

Facility

Score

Add-on

Percent

Case Mix Index (CMI) Data

F	Prvdr ID: 00142535A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020 06/30/20 Nurse Hours p		owth Allowance: Otrly BIMS score Quality Incentive:	41.7%	13.37% 2.5% 2.0%	Ortrly Moaid	Quarterly	d Overall CMI Medicaid CMI Wght Options		1.3341 1.3543 1.3755	1.3617 1.5138 1.5405
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskong	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	100 f	g	g	Migray h, arrest	::::::::::::::::::::::::::::::::::::::
<u>c</u>	CASE MIX BASED RATE CALCULATIONS						İ					
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 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41	And And And And And And And And And And	50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srycs 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	FY12 Audited C/R Days	30,465									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,936	FY 18 GL-PL ins Rpt Days								27,936		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 airs of FY12		<u>1.3341</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$63.39								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$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
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$15,39	\$8.48	\$0.00	\$2.31	\$2,55	\$0.00	\$2.05	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$149.28	\$71.87	\$0,00	\$19.60	\$21.60	\$0.00	\$17.39	\$7.18	\$10.09	\$1.55
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.3755</u>								
18 19	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	En 16 x En 17 RS = En 18, AllOthr = En 16	\$176.27	\$98.86 \$98.86	\$0.00	\$19,60	\$21.60	\$0.00	\$17.39	\$7.18	\$10,09	\$1,55
			Ţ., J.Z.	455.00	\$5.00	1,5,00	\$21.00	\$0.00	\$11.55	•	\$15.65	
	Quarterly Per Diem Add-on Amounts											
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 Srvs)	Ln 19 Col b x CPS Add-on	\$2.47	\$2.47	1						1	

Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)

Ln 19 Col b x Sting Add-on

(Fixed Amount)

Sum of Lns 20 thru 23

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

22

23

24

Nursing Home Provider Fee

Total Quarterly Per Diem Add-on Amounts

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

25 | Quarterly Case Mix Based Per Diem Rate

Provider: The Place at Martinez

\$1,98

\$17.10

\$23,08

\$199.35

\$136,69

\$1,98

\$4.98

\$103.84

\$0.00

\$0.00

\$0.22

\$19.82

\$0.41

\$22.01

\$0.00

\$10,09

\$0.00

\$1,55

\$17.10

\$17.47

\$34.86

\$0.00

\$7.18

\$0.00

\$0.00

1	rovider: The Retreat Nursing Home rvdr ID: 00142733A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020		owth Allowance; Urly BIMS score	35.7%	Add-on Percent 13.37% 2.5% 3.0%		Quarterly !	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.0648 1.0720 1.0822	State- wide 1.3617 1.5138 1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
7,41			а	Marie basem	С	d	е.	Por Africas	g	g	h	jaanjue i slaatju
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpi	\$3,106,375	\$1,495,689	\$0	\$704,603	\$191,701	\$259,887	\$283,777	\$48,494	\$122,224	so
6 7	Audit Adjustments and Reallocations to Cost Center Costs Cost Center Costs After Audit Adjustments	FY12 C/R Audit Adjstmts FY12 Audited C/R	\$217,869 \$3,324,244	\$27,490 \$1,523,179	\$0 \$0	(\$1,623) \$702,980	\$2,348 \$194,049	\$3,679 \$263,566	\$189,241 \$473,018	\$48,494	(\$8,976) \$113,248	\$5,710 \$5,710
8	Total Nursing Facility Days As Filed Days = 19,848	FY12 Audited C/R Days	19,848									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,232	FY 18 GL-PL Ins Rpt Days								19,232		
9	Net Per Diems prìor to Case Mix Adjstmt to Routine Srvcs	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.0648</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$72.07								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23,09		\$20.56	\$0.00	N/A	1
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
	Quarterly Per Diem Rate Prior to Add-ons											
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)	La 14 + La 15	\$174.32	\$81.07	\$0,00	\$33,05	\$26,14	\$0.00	\$23.31	\$2.52	\$7.94	\$0.29
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current QIr End		<u>1.0822</u>								
18	Ortrly Routine Srvcs 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
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.02	\$0.00	\$0,00	\$0,00	\$0.02	\$0,00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	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 Srvcs)	Ln 19 Col b x Sifng 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									

l	rovider. Twin View Health Care		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Р	rvdr ID: 00040807A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020 06/30/20 Nurse Hours p		owth Allowance; htdy BIMS score quality Incentive;		13.37% 1.0% 3.0%	Ortrly Moaid		d Overall CMi: Medicaid CMi: Wght Options:		1.2987 1.4872 1.5134	1.3617 1.5138 1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	C	d	е	f	g	g	h	i
С	ASE MIX BASED RATE CALCULATIONS											
_												
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		1	1	2	1	1	1			
j	Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
				787 202 01203	Pai Deu Oizes	All Deb Gizes	An Ded Sizes	All Deti Sizes	All Deu Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards; Percentile	(see Policy Manual)		90.0%	90.0%	90,0%	DE 00/		F0 500			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	ļ [
	Base Period Per Diem Allowed Amounts				į							
5	As Filed Cost Center Costs (Routine & Special Saves Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,496,358	\$1,767,082	so	\$378,395	\$285,702	\$188,332	\$484,426	\$33,172	\$359,249	sc
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$129,932)	(\$91,481)	SO.	\$990	\$563	\$2,972	(\$30,069)	\$33,172	-	ì
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,366,426	\$1,675,601	SO SO	\$379,385	\$286,265	\$191,304	\$454,357	\$33,172	(\$44,411) \$314,838	\$31,504 \$31,504
8	Total Nursing Facility Days As Filed Days = 38,732	FY12 Audited C/R Days	38.732	\$1,070,001		0010,000	0200,200	\$101,004	3434,331	\$33,172	3314,030	\$31,504
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 37,192	FY 18 GL-PL ins Rpt Days	33,732							37,192		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$86.95	\$43,26	50.00	\$9.80	\$12.33	(with L&H)	\$11.73	\$0,89	\$8.13	\$0.81
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1,2987			V12,00	1	V 7 1.10	0,05	\$5,15	30.0
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$33.31						-		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$33,31	\$0.00	59.80	\$12.33		\$11.73	\$0.89	\$8.13	\$0,81
13	Per Diem Standards (After Statewide CMA for Routine Stres)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20,56	\$0.00	N/A	\$0.0
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln. 12 or Ln. 13	\$76.06	\$33,31	\$0.00	\$9.80	\$12.33		\$11.73	\$0.89	7.19	\$0,81
							•		******		(FRV)	VOID
45	Quarterly Per Diem Rate Prior to Add-ons	Ln 14 x Grwth Allwnc %										
15	Growth Allowance Percentage = 13.37%		\$8.98	\$4,45	\$0.00	\$1.31	\$1.65	\$0.00	\$1.57	N/A	N/A	N/A
16 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		<u>1.5134</u>						[
19	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	i,n 16 x l,n 17 RS = l,n 18, AllOthr = l,n 16		\$57.15	•					}		
19	Quarterly Medicaid CMA Allowed Per Diem	ro = en 10, Alionn = en 16	\$104.43	\$57.15	\$0.00	\$11.11	\$13.98	\$0.00	\$13.30	\$0.89	\$7.19	\$0.81
	Quarterly Per Diem Add-on Amounts							1				
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 Srvs)	Ln 19 Col b x CPS Add-on	\$0.57	\$0,57								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sifng Add-on	\$1.71	\$1.71				-				
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10					j	\$17.10			
24	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
25	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
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$81.18		L	<u> </u>		<u>L</u>		<u>i</u>		

27 Minimum Quarterly Case Mix Based Per Diem Rate

28 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$147.00

\$97.43

ł	rovider. Thomasville Nurs. & Rehab. Ctr.		Add-on Data and		Facility Score N/A	Add-on Percent	Cas	e Mix Index (Facility Specific	State- wide
F	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020 06/30/20 Nurse Hours (-	owth Allowance; htrly BIMS score luality Incentive;	N/A 25.0% 3.19	13.37% 1.0% 3.0%	Qrtrly Mcaid	Quarterly	d Overall CMI: Medicaid CMI: Wght Options:		1.5025 1.5268 1.5541	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
			а	b	c.	d	е	og f	g	g	h	100 Test
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0%	85.0% 100.0%		50.0% 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 Sives 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	\$
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	\$9,76
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	\$9,76
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		İ
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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	\$0.6
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5025								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diern	Ln 9 / Ln 10		\$42.20								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = Ln 9		\$42.20	\$0.00	\$18.47	\$18.54		\$26,56	\$0,60	\$22.15	\$0.6
13	Per Diem Standards (After Statewide CMA for Routine Srycs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$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	\$0.6
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwinc %	\$13,33	\$5.64	\$0.00	\$2,46	\$2.48	\$0.00	\$2.75	N/A	N/A	N/
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	\$0,6
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5541	,	V	•	*****	•===	, ,,,,,		
18	Ortrly Routine Srvcs 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	\$0.6
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Ahvd] 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 Srvs)	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 Srvcs)	Ln 19 Col b x Sting Add-on	\$2.23	\$2.23								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diern 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	\$0.0
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	\$0.6
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$115.52			1			I.		I	L

Provide	r. Thomson Health & Rehab		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State- wide
Prvdr II	D: 00143261A		Growth Allowance:	N/A	13.37%	Base Period Overall CMI:	1,1378	1.3617
1	Case Mix Per Diem Rate Effective Date:	10/1/2020	Qtrly BIMS score	58.3%	5.5%	Quarterly Medicaid CMI:	1,4506	1.5138
	MDS & Nurse Hrs Data per Quarter Ending:	06/30/20	Nurse Hours per On-Site Day/Quality Incentive:	4.23	3.0%	Ortrly Moaid CMI w RUG Wight Options:	1.4746	1.5405
<u></u>								

				· · ·									
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance	
			a a	, b	c	d	В	f	g	g			
2	ASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37				
	Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvcs 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	
7	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts FY12 Audited C/R	(\$73,347)	\$1,582	\$0 \$0	\$0	\$887	\$721	(\$65,752)	200 547	(\$35,652)	\$24,867	
8	Cost Center Costs After Audit Adjustments Total Nursing Facility Days As Filed Days = 43,939	FY12 Audited C/R Days	\$5,671,402 43,939	\$2,888,879	\$0	\$712,802	\$414,199	\$336,892	\$595,091	\$99,517	\$599,155	\$24,867	
"	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 43,659	FY 18 GL-PL Ins Rpt Days	45,939							42,165			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7/Ln 8 Col a	\$129.17	\$65.75	\$0.00	\$16.22	\$17.09	(with L&H)	\$13,54	\$2,165	\$13.64	\$0.57	
10	Base Period Facility Case Mix Index for All Residents	from 4 gtrs of FY12	\$125.17	1.1378	\$0.00	\$10.22	\$11.09	(wan Lorn)	\$15,54	92,30	\$13.04	\$0.57	
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 9/En 10		\$57,79									
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71,51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	40.07	
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	\$0.57	
	·								,		(FRV)	, , ,	
45	Quarterly Per Diem Rate Prior to Add-ons	Ln 14 x Grwth Allwac %	642.00	67 70	50.00	60.47	****	00.00	24.04				
15 16	Growth Allowance Percentage = 13.37% CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$13.99 \$129.99	\$7.73 \$65,52	\$0.00 \$0.00	\$2.17 \$18.39	\$2.28 \$19.37	\$0.00	\$1.81 \$15.35	N/A \$2.36	N/A	N/A \$0.57	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	J125.55	1.4746	30,00	\$10.55	\$19.57	\$0.00	\$10.50	\$2.30	\$8.43	\$0,57	
18	Qrirly Routine Srvcs 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	
	Constants Ban Binn Add an Annual												
20	Quarterly Per Diem Add-on Amounts 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 Srvs)	Ln 19 Col b x CPS Add-on	\$5.31	\$5.31	\$5.00	\$0.22	φ υ. 41	\$0.00	\$0.57		\$0.00		
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sifng Add-on	\$2.90	\$2.90									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	4 2.00					\$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	
-	-			,	<u> </u>	l		L					

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$128,12

Provider: Prvdr ID:	Tifton Health and Rehab Center		Add-on Data and Percentages Growth Allowance:	Facility Score N/A	Add-on Percent 13.37%	Case Mix Index (CMI) Data Base Period Overall CMI:	Facility <u>Specific</u> 1,4355	State- <u>wide</u> 1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending;	10/1/2020 06/30/20	Qtrly BIMS score Nurse Hours per On-Site Day/Quality Incentive:	34.9% 3.22	2.5% 3.0%	Quarterly Medicaid CMI: Qrtrly Mcaid CMI w RUG Wght Options:	1.6308 1.6597	1.5138 1.5405
Line	Description	Sc	urces / Totals Routine	Special Services	Dietary	Laundry & Plant Admin A&G- GL Houskong Operates and Insuran	area i hava a de and area sa	Taxes and

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
1900			a	574949 b 1941 (36)	C	d		f	g	g	2000 h 2000	george Jelvan
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,499,668	\$2,295,359	\$0	\$441,741	\$161,006	\$209,565	\$1,084,888	\$3,029	\$304,080	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$277,786)	\$0	\$0	\$0	\$0	\$0	(\$277,786)		(\$30,668)	\$30,668
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,221,882	\$2,295,359	\$0	\$441,741	\$161,006	\$209,565	\$807,102	\$3,029	\$273,412	\$30,668
8	Total Nursing Facility Days As Filed Days = 31,601	FY12 Audited C/R Days	31,601									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,660	FY 18 GL-PL Ins Rpt Days								32,660		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 girs of FY12		1.4355								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$50,60								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71,51	\$0,00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or £a 13	\$109.83	\$50.60	\$0.00	\$13.98	\$11.73		\$20,56	\$0.09	11,90	\$0.97
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qir End		1.6597		710.00	410.00	40.00	420.01	70.00	411.00	40.07
18	Ortrly Routine Srvcs 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
20	Quarterly Per Diem Add-on Amounts	(see Policy Manual)	64.40	60.50	60.00	60.00	60.44	60.00	60.00		60.00	
20 21	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) 8IMS Add-on Per Diem = 2.5% (to Routine Srvs)	(see Policy Manual) Ln 19 Col b x CPS Add-on	\$1,16	\$0,53	\$0,00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
22	BIMS Add-on Per Diem = 2.5% (to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.38 \$2.86	\$2.38 \$2.86								
23	Nursing Home Provider Fee	(Fixed Amount)	\$2.00	\$2.00					\$17,10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.10	\$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	\$0.00
-				¥00	1	1 4.2,07	4,201	12.00	1 7,7,7,	1	7.1,00	47.01
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$125.28									

Provider: Tower Road Healthcare		_	Add-on Data and		Facility Score	Add-on Percent	Ca	se Mix Index (•	Facility Specific	State- wide
F	Prvdr ID: 00083003A Case Mix Per Diem Rate Effective Date:	10/1/2020	_	owth Allowance; http://www.bims.score		13.37% 1.0%			d Overall CMI; Medicaid CMI;		1.4452 1.9805	1.3617 1.5138
	MDS & Nurse Hrs Data per Quarter Ending:		per On-Site Day/C			2.0%	Ortrly Meals		Wght Options:		2.0190	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 f	g	g	estation h ere differ	elegat i ng da
C	CASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group	(see Folloy Mandaly		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			
1	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 4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
·	,	face i mind interiord		\$0.00	\$6.00	\$0.22	40. 47		40.07			
5	Base Period Per Diem Allowed Amounts	As Filed FY12 C/R -FY 2018 GL-PL Rol	\$6.808.435	\$3.614.570	•	0050.004	\$000 444	04447705	** *** ***	250.050	2222.004	
	As Filed Cost Center Costs (Routine & Special Srycs Combined)		40,000,100	' '	\$0	\$652,801	\$289,111	\$444,765	1	\$56,650	\$290,634	\$0
6 7	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts FY12 Audited C/R	(\$147,207)	(\$47,672)	\$D \$D	(\$212)	\$143	(\$345)		AFO 050	(\$54,872)	\$54,872
8	Cost Center Costs After Audit Adjustments Total Nursing Facility Days As Filed Days = 40,246	FY12 Audited C/R Days	\$6,661,228 40,246	\$3,566,898	\$0	\$652,589	\$289,254	\$444,420	\$1,360,783	\$56,650	\$235,762	\$54,872
٥	Total Nursing Facility Days As Filed Days = 40,246 Total Nursing Facility Days GtPL Ins. Rpt As Filed Days = 41,585	FY 18 GL-PL Ins Rpt Days	40,246							41,585		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7/Ln 8 Col a	\$165.47	\$88.63	\$0.00	\$16,22	\$18.23	(with L&H)	\$33.81	\$1,365	\$5,86	\$1.36
10		from 4 gtrs of FY12	\$105.47	1.4452	\$0.00	\$10.22	\$10.23	(wint recit	\$33.01	\$1.30	\$3,00	\$1,30
11		Ln 9 / Ln 10		\$61.33								
12		RS = Ln 11, AllOthr = Ln 9		\$61,33	\$0.00	\$16,22	\$18.23		\$33,81	\$1,36	\$5,86	\$1,36
13	· .	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20,56	\$0.00	N/A	7.72
14	,	Lesser of Ln 12 or Ln 13	\$131.71	\$61,33	\$0.00	\$16.22	\$18,23		\$20.56	\$1.36	12.65	\$1,36
	,						*****		1		(FRV)	
:	Quarterly Per Diem Rate Prior to Add-ons											
15	, <u>—</u>	Ln 14 x Grwth Allwnc %	\$15.56	\$8,20	\$0,00	\$2,17	\$2,44	\$0,00	\$2.75	N/A	N/A	N/A
16	,	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		per Current Qtr End		2.0190								
18 19	, , ,	Ln 16 x Ln 17 RS = Ln 18, AllOlhr = Ln 16	\$218.12	\$140.38 \$140.38	\$0.00	\$18,39	\$20.67	\$0.00	\$23,31	\$1.36	\$12.65	\$1.36
19	Quarterly Medicaid CMA Allowed Per Dietri	K3 - Lit 16, AllOllil - Lit 16	\$216.12	\$140.30	\$0.00	\$10,39	\$20.67	\$0.00	\$23.31	\$1.30	\$12.00	\$1.30
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.40	\$1,40								
22		Ln 19 Coi b x Stfng Add-on	\$2.81	\$2.81								
23	1 -	(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	l.n 19 + l.n 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									

	Towns and De datt 0 D			Facility	Add-on		Facility	State-
Provider;	Townsend Park H & R		Add-on Data and Percentages	Score	<u>Percent</u>	Case Mix Index (CMI) Data	Specific_	<u>wide</u>
Prvdr ID;	00404995A		Growth Allowance:	N/A	13.37%	Base Period Overall CMI:	1,3657	1.3617
	Case Mix Per Diem Rate Effective Date:	10/1/2020	Qtrly BIMS score	36.6%	2.5%	Quarterly Medicaid CMI:	1,3253	1.5138
	MDS & Nurse Hrs Data per Quarter Ending:	06/30/20	Nurse Hours per On-Site Day/Quality Incentive:	3.74	3.0%	Qrtrly Meaid CMI w RUG Wght Options:	1,3450	1.5405

Line #	Description	Sources <i>I</i> Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatris & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
			a	.	900 490 C 100 900	d	e	1	g	g	::::::::::::::::::::::::::::::::::::::	398891 5 55
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90,0% 100,0% \$0,53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,890,696	\$2,276,104	so	\$454.843	\$338,849	\$263,394	\$960,646	\$118,231	\$478,629	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	\$149,130	\$167,177	\$0 \$0	\$454,643	\$0,00,049	\$200,094	(\$18,047)	\$110,231	(\$17,282)	\$17,282
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,039,826	\$2,443,281	\$0 \$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	4-7 , -1	-		444,414	4200,007	40.2,000	***	Ç 10 1,0 11	\$11,1.0
	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 Srvcs	Ln 7 / Ln 8 Cot 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		1.3657				,	,	,	\$1.2,22	
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$61.77								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$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	\$0,60
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	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		1.3450					,	,	•	,
18	Qrtrly Routine Srvcs 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	\$0.6
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0,00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.35	\$2.35								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	\$23.44	\$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

\$135.83

	Provider,	Traditions Health & Rehab		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility <u>Specific</u>	State- wide
	Prvdr ID;	00143701A Case Mix Per Diem Rate Effective Date:	10/1/2020	Growth Allowance; Qtrly BIMS score	N/A 45,2%	13,37% 5,5%	Base Period Overall CMI; Quarterly Medicaid CMI;	1.2904 1.6697	1,3617 1,5138
-		MDS & Nurse Hrs Data per Quarter Ending:	06/30/20	Nurse Hours per On-Site Day/Quality Incentive:	3.61	3.0%	Ortrly Meaid CMI w RUG Wght Options:	1,6982	1.5405
	Line	Description	14.00 G 14.00 G 14.00 G 14.00 G 14.00 G	ources / Totals Routine Services	Special Services	Dietary	Laundry & Plant Admin A&G-G Houskpag Operatns and Insura	award of the second records.	Taxes and

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
12264			а	b I	С	d	е	33535 f 3848	g	g	Market of the	92994
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0,41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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	\$O	\$0	(\$42,835)		(\$86,651)	\$86,651
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,223,141	\$4,705,640	\$0	\$841,310	\$494,651	\$448,988	\$881,778	\$173,818	\$590,305	\$86,651
8	Total Nursing Facility Days As Filed Days = 60,007	FY12 Audited C/R Days	60,007									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 61,768	FY 18 GL-PL Ins Rpt Days								61,768		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.77								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = l,n 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 Srvcs)	per Peer Group Limits		\$71,51	\$0,00	\$18,41	\$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	\$1.44
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
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	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.99								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlhr = Ln 16	\$181.00	\$116,99	\$0,00	\$15.89	\$17.83	\$0.00	\$16.65	\$2.81	\$9.39	\$1.44
	Quarterly Per Diem Add-on Amounts											
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 Srvs)	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 Srvcs)	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
1						L			<u> </u>	L		

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$144.35

(Ln 25 - Ln 23) * 0.75

Provider:	Treutien County He	ealth & Rehab		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State- wide	
Prvdr ID:	00143349A	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020 06/30/20	Growth Allowance: Qtrly BIMS score Nurse Hours per On-Site Day/Quality Incentive:	N/A 57.9% 3.98	13,37% 5,5% 3,0%	Base Period Overall CMI; Quarterly Medicaid CMI; Qrtrly Mcaid CMI w RUG Wght Options;	1.5628 1.4242 1.4506	1.3617 1.5138 1.5405	
	Mil Tutolo a Stancon of the A		steo establida		id salayayana	Saparan Pagar	Service of the property of the service of the servi	December	i sayanı	1

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
			. a	b	С	d	е	f	g	g	h	EUGE Nece
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100,0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,674,762	\$1,402,185	\$0	\$320,749	\$135,542	\$193,942	\$404,100	\$48,009	\$170,235	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$10,992)	\$0	\$0	(\$1,740)	\$661	\$945	(\$13,631)		(\$1,661)	\$4,434
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,663,770	\$1,402,185	\$0	\$319,009	\$136,203	\$194,887	\$390,469	\$48,009	\$168,574	\$4,434
8	Total Nursing Facility Days As Filed Days ≃ 18,155	FY12 Audited C/R Days	18,155									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,802	FY 18 GL-PL Ins Rpt Days								17,802		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	[,n 9 / Ln 10		\$49.42								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS ≂ Ln 11, AllOlhr ≕ 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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$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	\$0.24
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwih 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 Qir End		<u>1,4506</u>								
18	Qrtrly Routine Srvcs 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
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$4,47	\$4,47								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Sivcs)	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		1	<u> </u>		L	1			1

	Trade Farments - House			Facility	Add-on		Facility	State-
Provider:	Twin Fountains Home		Add-on Data and Percentages	Score	Percent	Case Mix Index (CMI) Data	Specific .	<u>wide</u>
Prvdr ID:	00142843A		Growth Allowance:	N/A	13.37%	Base Period Overall CMI;	1.0956	1.3617
	Case Mix Per Diem Rate Effective Date:	10/1/2020	Qtrly BIMS score	54.0%	5.5%	Quarterly Medicaid CMI;	0.9926	1.5138
	MDS & Nurse Hrs Data per Quarter Ending:	06/30/20	Nurse Hours per On-Site Day/Quality Incentive;	3,27	3.0%	Ortrly Moaid CMI w RUG Wight Options:	1.0052	1,5405

	mod dridder in a bata per Quarter Chong.	140136 110013 p	er On-Site Dayro	daily incertive.	3,21	3.070	Qriny Mcard	CMI W RUG	wgnt Options.		1.0052	1,5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
			a a	b	C	: : d	е	inspiref.	g	g	nggyen h orthogo	edaga helet
<u>C</u>	CASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Stycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,039,364	\$3,497,545	\$0	\$1,224,428	énén anc	6405.000	n4 400 000	250 004	2247 222	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$23,978)	\$0,437,545	so so	\$1,224,428	\$269,326 \$0	\$185,329 \$0		\$59,384	\$317,089	\$0
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,015,386	\$3,497,545	\$0 \$0	\$1,224,428	\$269,326	\$185,329	(\$23,978) \$1,462,285	\$59,384	(\$11,036) \$306,053	\$11,036 \$11,036
8	Total Nursing Facility Days As Filed Days = 37,344	FY12 Audited C/R Days	37,344	40,101,010		\$1,227,720	\$200,020	\$100,025	\$1,502,200	\$55,504	\$300,033	\$11,030
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,434	FY 18 GL-PL Ins Rpt Days	37,311							36,434		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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			7	(V	45.15	\$5,55
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.49								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Sivcs)	per Peer Group Limits		\$71.51	\$0,00	\$18.41	\$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	\$0.30
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
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	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$151,51	\$81.07	\$0.00	\$20,87	\$13.80	\$0.00	\$23,31	\$1.63	\$10.53	\$0,30
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End		1.0052		·			*	1	V.0.00	V2
18	Ortrly Routine Srvcs 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	\$0.30
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.41	\$0.00	\$0.00	\$0,00	\$0.41	\$0.00	\$0,00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$4.48	\$4,48	13.30		Ŧ~. 7 ·	45.50	\$5,50		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	\$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	\$0.30
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - l.n 23) * 0,75	\$119.45		1.				<u> </u>	1	I	
		,,	\$110.70									

1	Provider: Twin Oaks Convalescent Center Prvdr ID: 00143393A		Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 13,37%	<u>Ca</u>	se Mix Index (CMI) Data		Facility Specific 1.2778	State- wide 1,3617
	Case Mix Per Diem Rate Effective Date; MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020 06/30/20 Nurse Hours	per On-Site Day/0	Qtrly BIMS score Quality Incentive:	26.2%	1.0% 3.0%	Ortrly Mozic	Quarterly	Medicaid CMI; Wght Options;		1.5998 1.6288	1.5138 1.5405
Line #		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatris & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	Professor	d	е	54856 f 5555	g	g	h h	ittera t ekto
9	CASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90,0% 100,0% \$0,00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41	TO THE REAL PROPERTY OF THE PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE P	50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$5,128,275	\$2,616,768	\$0	\$793,659	\$232,385	\$246,571	\$618,450	\$65,154	\$555,288	so
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 Srvcs	Ln 7 / Ln 8 Cof a	\$162.38	\$80.16	\$0,00	\$26.42	\$16.56	(with L&H)	\$18.91	\$2.15	\$17,93	\$0.25
10		from 4 qtrs of FY12		<u>1.2778</u>								
11	, , ,	Ln 9 / Ln 10		\$62.73								
12	*	RS = Ln 11, AllOthr = Ln 9		\$62,73	\$0.00	\$26.42	\$16,56		\$18.91	\$2.15	\$17,93	\$0.25
13	,	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 Quarterly Per Diem Rate Prior to Add-ons	Lesser of En 12 or En 13	\$145.92	\$62.73	\$0.00	\$26.42	\$16.56		\$18.91	\$2.15	18.90 (FRV)	\$0.25
15	I -	Ln 14 x Grwth Allwnc %	\$16.66	\$8,39	\$0.00	\$3,53	\$2.21	\$0.00	\$2.53	N/A	N/A	N/A
16	7	£n 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					,		***	75.25
18	Ortrly Routine Srvcs 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
	Quarterly Per Diem Add-on Amounts											
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 Srvs)	Ln 19 Col b x CPS Add-ол	\$1.16	\$1.16								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting 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				I		J	1		
	F		1									

Provider;	Union County Nursing	Home		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility <u>Specific</u>	State- wide	
Prvdr ID;	00143415A ME	Case Mix Per Diem Rate Effective Date; OS & Nurse Hrs Data per Quarter Ending;	10/1/2020 06/30/20	Growth Allowance: Qtrly BIMS score Nurse Hours per On-Site Day/Quality Incentive:	N/A 36.2% 3.81	13.37% 2.5% 3.0%	Base Period Overall CMI; Quarterly Medicaid CMI; Qrtrly Mcaid CMI w RUG Wght Options;	1.1218 1.1686 1.1897	1,3617 1,5138 1,5405	
				Routine	Special		Laundov & Plant Admin 48	G_GL-PI Property	Taxes	

Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	i c		e	f	g	g	h	All Car Lagrage
9	CASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0,53	90,0% 100,0% \$0,00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	\$D	\$113	\$3,623	\$3,403	(\$121,620)		(\$15,843)	\$0
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,845,828	\$4,685,797	\$0	\$1,274,504	\$478,767	\$650,048	\$1,102,728	\$119,878	\$534,106	\$0
8	Total Nursing Facility Days As Filed Days = 53,965	FY12 Audited C/R Days	53,965									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 52,874	FY 18 GL-PL Ins Rpt Days								52,874		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Strcs	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		<u>1.1218</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.40								
12	Net Per Diems after Case Mix Adjstmt to Routine Srycs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23,09		\$20.56	\$0,00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$150.46	\$71.51	\$0,00	\$23.62	\$20.92		\$20,43	\$2.27	11.71	\$0.00
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
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)	Լո 14 + Լո 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	Ortrly Routine Srvcs 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
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x ,75, up to max, or 0)	(see Policy Manual)	\$0.73	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.10		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	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 Srvcs)	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		1	11		L	1			
	l and a series and	,,	Ţ 1-72.00									

1	ovider: Westwood (University Extended Care) vdr ID: 00219359A		Add-on Data and Gr	Percentages	Facility Score N/A	Add-on Percent 13.37%	Cas	se Mix Index ((Base Perio	CMI) Data d Overali CMI:		Facility Specific 1.3761	State- wide 1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020 06/30/20 Nurse Hours p	er On-Site Day/C	Obly BIMS score Quality Incentive:		2.5% 3.0%	Qrtrly Mcaio	Quarterly CMI w RUG	Medicaid CMI: Wght Options:		1.4301 1.4537	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
			(2000) a 1000		с	i de de la composición dela composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición dela composición de la composición de la composición de la com	е	f	g	g	grande (j. h jeris)	giogr i sso
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0,53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105,0% \$0,37	***************************************		
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,260,037	\$4,994,106	\$0	\$831,460	\$532,811	\$395,396	\$1,007,514	\$183,274	\$315,476	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit 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									
	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 Srvcs	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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.92								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$70.92	\$0.00	\$16.25	\$18.05		\$17.15	\$3.61	\$6.17	\$0.00
13	Per Diern Standards (After Statewide CMA for Routine Stycs)	per Peer Group Limits		\$71,51	\$0.00	\$18.41	\$23.09		\$20.56	\$0,00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$142.39	\$70.92	\$0.00	\$16.25	\$18.05		\$17.15	\$3.61	16.41 (FRV)	\$0,00
	Quarterly Per Diem Rate Prior to Add-ons										(PAV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Ailwnc %	\$16.35	\$9.48	\$0.00	\$2.17	\$2.41	\$0,00	\$2.29	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln: 14 + Ln 15	\$158,74	\$80,40	\$0.00	\$18.42	\$20.46	\$0.00	\$19,44	\$3,61	\$16.41	\$0.00
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.4537</u>					į			
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116,88								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$195.22	\$116.88	\$0,00	\$18,42	\$20.46	\$0.00	\$19.44	\$3.61	\$16.41	\$0,00
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.44	\$0.44	\$0.00	\$0,22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Cot b x CPS Add-on	\$2.92	\$2.92								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Stres)	Ln 19 Col b x Sting 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		1	1			l	.1		

Provider: University Nursing and Rehab Center		dd-on Data and P	ercentages	Facility Score	Add-on Percent	Cas	se Mix Index (0	CMI) Data		Facility Specific	State- wide
Prvdr ID: 00140533A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020 06/30/20 Nurse Hours pe		vth Allowance; ly BIMS score ality Incentive;	N/A 23.3% 3,52	13.37% 1.0% 2.0%	Ortrly Moaid	Quarterly I	d Overall CMI; Medicaid CMI; Wght Options;		1,4327 1,5003 1,5274	1.4014 1.5138 1.5405
Line	Sources <i>I</i> Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		a	b	c	d d	ile Albertion	40,000 f (0,000)	g g	Terepagnia, in a	h ; [1]	130094-0115
CASE MIX BASED RATE CALCULATIONS											
1 Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Base Period Per Diem Allowed Amounts											
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY 14 C/R - FY 18 GL-PL Rp	\$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	FY14 Audited C/R Days	16,905									
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,746	FY 18 GL-PL Ins Rpt Days								33,746		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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		<u>1.4327</u>								
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.12								
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$73.31	\$0.00	\$19.52	\$23.55		\$24.02	\$0.00	N/A	
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$137.66	\$73.31	\$0.00	\$15.03	\$16.66		\$24.02	\$0.33	7.45 (FRV)	\$0.86
Quarterly Per Diem Rate Prior to Add-ons										p. (4)	
15 Growth Allowance Percentage = 13.4%	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 Medicald Residents	per Current Qir End		<u>1.5274</u>								
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$126.94								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$198.74	\$126.94	\$0.00	\$17.04	\$18.89	\$0.00	\$27.23	\$0.33	\$7.45	\$0.86
Quarterly Per Diem Add-on Amounts											
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0,41	\$0.00	\$0.00		\$0,00	
21 BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.27	\$1.27								
22 Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Strng 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	Լո 19 + Լո 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									

Provider: Vista Park Health and Rehab Prvdr ID: 00142931A H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/01/20 06/30/20 Nurs	***************************************	Data and Percentages Growth Allowance: BIMS: te Day/Quality Incentive:	Facility Score N/A 42.9% 3.96	Add-on Percent 13,37% 2.5% 2.0%	***************************************	Quarter	(CMI) Data iod Overall CMI: ly Medicaid CMI: G Wght Options:		Facility Specific 1.4571 1.5596 1.5863	State- wide 1.3617 1.5138 1.5405
Line Description	Sources / Calculations	Totals a	Routine Services b	Special Services c	Dietary d	Laundry & Houskpng e	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
CASE MIX BASED RATE CALCULATIONS Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons			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	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37		A second Wise with	
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	FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins, Rpt FY 2012 Peer Group Limit	\$149.08 \$16.97 \$169.73	\$71.51 \$67.93 \$9.08 \$77.01 1.5863 \$122.16		\$18.41 \$17.49 \$2.34 \$19.83	\$23.09 \$21.94 \$2.93 \$24.87		\$20,56 \$19,53 \$2,61 \$22,14	\$ 159,341 43,250 \$ 3.68	\$21.77 \$21.77 \$21.77 (FRV Rate)	7 \$0.42
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 = 2.0% Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts		\$214.88 \$3.05 \$2.44 \$17.10 \$22.60	\$122.16 \$3.05 \$2.44		\$19.83	\$24.87		\$22.14 17.10	\$3.68	\$21.77	
Quarterly Case Mix Based Per Diem Rate Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$165,28	\$237.47	\$127.66		\$19,83	\$24.87		\$39,24	\$3,68	\$21.77	\$0.42

Facility Add-on State-Facility Provider: Warm Springs Med. Ctr. NH Add-on Data and Percentages _Score Percent Case Mix Index (CMI) Data Specific wide 00141952A Prvdr ID; N/A 13.37% Growth Allowance; Base Period Overall CMI: 1.1001 1.3617 Case Mix Per Diem Rate Effective Date: 10/1/2020 Qtrly BIMS score 37.1% 2.5% Quarterly Medicaid CMI: 1,0507 1.5138 MDS & Nurse Hrs Data per Quarter Ending: 06/30/20 Nurse Hours per On-Site Day/Quality Incentive: 3.68 3.0% Ortrly Moaid CMI w RUG Wight Options: 1.0654 1.5405

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Piant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	C	d d	е	f	g	9	h	pagal T agan
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											Ì
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facililies All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,845,929	\$1,710,029	\$0	\$566,162	\$0	\$0	\$544,033	\$25,705	\$0	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	\$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 Srvcs	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		<u>1.1001</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56,49								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlbr = 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 Srvcs)	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	\$0.00
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
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		<u>1.0654</u>								
18	Orthy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Լո 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
	Quarterly Per Diem Add-on Amounts											
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 = 2.5% (to Routine Srvs)	En 19 Col b x CPS Add-on	\$1.71	\$1.71								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Sives)	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	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$172.17	\$72.52	\$0.00	\$23.55	\$26.18	\$0.00	\$38.69	\$0.97	\$10.26	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$116.30]		I			

Provider: Warner Robins Rehab & Nursing Center Prvdr ID: 00141303A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020		owth Allowance: ltrly BIMS score		Add-on Percent 13.37% 1.0% 3.0%		Quarterly	CMI) Data d Overall CMI: Medicaid CMI: Wght Options;		Facility <u>Specific</u> 1.5459 1.4820 1.5078	State- wide 1.3617 1.5138 1.5405
Line # Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		a en la composition	(b	С	d d	e	is a f	g.	g	(1) (1) (h. (1) (1)	anda with a
CASE MIX BASED RATE CALCULATIONS											
Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0,37			
Base Period Per Diem Allowed Amounts											
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$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 Adjstmts	(\$161,485)	(\$43,238)	\$0	\$1,597	\$2,334	\$3,021	(\$129,469)		(\$57,815)	\$62,085
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,379,880	\$3,025,814	\$0	\$663,615	\$350,287	\$453,399	\$1,113,819	\$132,171	\$578,690	\$62,085
8 Total Nursing Facility Days As Filed Days = 43,304	FY12 Audited C/R Days	43,304									
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days # 39,637	FY 18 GL-PL ins Rpt Days								39,637		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs 10 Base Period Facility Case Mix Index for All Residents	Ln 7 / Ln 8 Col a from 4 atrs of FY12	\$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 <u>Case Mix Index</u> for All Residents 11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		<u>1.5459</u> \$45,20								
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$45.20 \$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 Srvcs)	per Peer Group Limits		\$45.20 \$71.51	\$0.00	\$15.32	\$18,00		\$25.72	\$0.00	\$13.36 N/A	\$1,43
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	\$1,43
Substitute of the substitute o		\$112.00	\$75.20	\$0,00	\$10.02	\$10.55		\$20.50	φυ,συ	(FRV)	\$1.40
Quarterly Per Diem Rate Prior to Add-ons											
15 Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwinc %	\$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) 17 Quarterly Facility Case Mix Index for Medicaid Residents	Ln 14 + Ln 15	\$126,00	\$51.24	\$0,00	\$17.37	\$21.04	\$0.00	\$23.31	\$3.33	\$8.28	\$1.43
	per Current Qtr End Ln 16 x Ln 17		1.5078								
18 Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem 19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$152.02	\$77.26 \$77.26	\$0.00	\$17,37	\$21.04	\$0.00	ė00 04	ea aa	60.00	64.43
13 Quarterly inedicald CNA Allowed Per Dietii	13 - Eli 16, Alollii - Eli 16	\$152.02	\$11.20	\$0,00	\$17,37	\$21.04	\$0.00	\$23.31	\$3.33	\$8.28	\$1.43
Quarterly Per Diem Add-on Amounts											
20 Efficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0,22	\$0.41	\$0.00	\$0.00		\$0.00	
21 BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	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 Srvcs)	Ln 19 Col b x Sting Add-on	\$2,32	\$2.32								
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									

	rovider: Warrenton Health and Rehabilitation Center rvdr ID: 00142645A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020		owth Allowance: htrly BIMS score		Add-on Percent 13.37% 2.5% 3.0%		Quarterly	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:	!	Facility <u>Specific</u> 1,3956 1,5111 1,5405	State- wide 1.3617 1.5138 1,5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
3000			а	spine break	C	d	in the contract	- (g	g	saga e Sa h Persaga	(46%) A [44] A
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facililies All Bed Sizes	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 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0,53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37	***************************************		
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,914,244	\$2,065,450	\$0	\$414,198	\$270,244	\$291,109	\$508,116	\$14,765	\$350,362	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$18,759)	\$0	\$0	(\$1,815)	\$0	(\$286)	(\$18,121)		(\$30,783)	\$32,246
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,895,485	\$2,065,450	\$0	\$412,383	\$270,244	\$290,823	\$489,995	\$14,765	\$319,579	\$32,246
8	Total Nursing Facility Days As Filed Days = 27,472	FY12 Audited C/R Days	27,472									
	Total Nursing Facility Days GL-PL Ins. Rpt As Fited Days = 25,255	FY 18 GL-PL Ins Rpt Days								25,255		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.3956								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.87								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0,00	\$18,41	\$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
	Quarterly Per Diem Rate Prior to Add-ons										(LVA)	
15	Growth Allowance Percentage = 13.37%	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 Diern (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 Medicald Residents	per Current Qtr End		<u>1.5405</u>								
18	Ortdy Routine Srvcs 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
	Quarterly Per Diem Add-on Amounts											
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 Srvs)	Ln 19 Col b x CPS Add-on	\$2.35	\$2.35								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting 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									

l l	rovider: Washington County ECF		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index ((Facility Specific	State- wide
P	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020 06/30/20 Nurse Hours p		owth Allowance: htrly BIMS score huality Incentive:	N/A 34.7% 4.25	13.37% 2.5% 3.0%	Ortrly Meald	Quarterly	d Overall CMI: Medicald CMI: Wght Options:		1.2193 1.1240 1.1413	1,3617 1,5138 1,5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
11.02			а	b	C	d.	е	f	g	g	aggad h allaga.	udden Deserv
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facilify 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 Facililies All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90,0% 100,0% \$0,53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,373,157	\$1,811,873	\$0	\$526,053	\$251,118	\$220,612	\$414,250	\$24,556	\$124,695	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$45,465)	(\$126,889)	\$0	\$13,233	\$23,828	\$2,360	\$44,850		(\$8,108)	\$5,261
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,327,692	\$1,684,984	\$0	\$539,286	\$274,946	\$222,972	\$459,100	\$24,556	\$116,587	\$5,261
8	Total Nursing Facility Days As Filed Days = 21,337	FY12 Audited C/R Days	21,174									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,995	FY 18 GL-PL Ins Rpt Days								20,995		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.2193</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$65.27								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	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
15	Quarterly Per Diem Rate Prior to Add-ons 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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End	¥100.00	1.1413	\$0.00	420,00	020.10	40.55	420.01	Ų,	\$3.01	QU.20
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$84,46								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AilOthr = Ln 16	\$174.12	\$84,46	\$0,00	\$28,88	\$26,18	\$0.00	\$23.31	\$1.17	\$9.87	\$0.25
	Quarterly Per Diem Add-on Amounts											
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 Srvs)	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 Srvcs)	Ln 19 Col b x Sting 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									

1	rovider: Waycross Health & Rehabilitation Center ovdr ID: 00143459A Case Mix Per Diem Rate Effective Date MDS & Nurse Hrs Data per Quarter Ending	10/1/2020	-	owth Allowance: Itrly BIMS score	26.9%	Add-on Percent 13.37% 1.0% 3.0%		Quarterly l	CMI) Data d Overall CMI: Medicaid CMI; Wght Options;		Facility <u>Specific</u> 1.2974 1.4804 1.5058	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
	LASE MIX DAOS DE CASA DE LA COMPANION DE COM		а	eggeradoraries	C	d	merce (Company)	84134 1 .6989	Sitter g eorge	g	gergiftgar h figjijje gra	Property Lating you
-	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100,0% \$0,53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$3,407,600	\$1,779,962	\$0	\$425,533	\$188,251	\$222,777	\$471,187	\$88,979	\$230,911	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$15,947)	\$0	\$0	\$0	\$0	\$0	(\$16,433)		(\$18,980)	\$19,466
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,391,653	\$1,779,962	\$0	\$425,533	\$188,251	\$222,777	\$454,754	\$88,979	\$211,931	\$19,466
8	Total Nursing Facility Days As Filed Days = 26,933	FY12 Audited C/R Days	26,933									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,654	FY 18 GL-PL Ins Rpt Days								24,654		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 11	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2974								
12	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.94	****							
13	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9 per Peer Group Limits		\$50.94	\$0.00	\$15.80	\$15.26		\$16.88	\$3.61	\$7.87	\$0.72
14	Per Diem Standards (After Statewide CMA for Routine Srvcs) Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	#44D.CC	\$71,51	\$0.00	\$18,41	\$23.09		\$20.56	\$0.00	N/A	
14	·	Lesser of the 12 of the 13	\$110.66	\$50.94	\$0.00	\$15,80	\$15,26		\$16.88	\$3.61	7.45 (FRV)	\$0.72
4.5	Quarterly Per Diem Rate Prior to Add-ons											
15 16	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwing % Ln 14 + Ln 15	\$13.22	\$6.81	\$0.00	\$2.11	\$2,04	\$0,00	\$2.26	N/A	N/A	N/A
17	CMA Allowed Per Diem (After Growth Allowance Add-on) Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$123,88	\$57,75	\$0.00	\$17.91	\$17.30	\$0.00	\$19.14	\$3,61	\$7.45	\$0.72
18	Ortrly Routine Srycs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		<u>1.5058</u> \$86,96								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$153.09	\$86,96	\$0.00	\$17.91	\$17,30	\$0.00	\$19.14	\$3.61	\$7.45	\$0.72
			\$100.00	400.00	Ψ0.00		\$11.00	\$0.00	\$15.14	\$0.01	\$7.45	90.72
	Quarterly Per Diem Add-on Amounts											
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 Srvs)	En 19 Col b x CPS Add-on	\$0.87	\$0.87								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.61	\$2.61								
24	Nursing Home Provider Fee Total Quarterly Per Diem Add-on Amounts	(Fixed Amount) Sum of Lns 20 thru 23	\$17.10	64.04	60.00	60.00	60.44	***	\$17.10	***		
1			\$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	En 19 + En 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									

1	ovider: WellStar Paulding Nursing Center vdr ID: 00142359A Case Mix Per Diem Rate Effective Date; MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020		owth Allowance: Itrly BIMS score	Facility Score N/A 47,4% 4.22	Add-on <u>Percent</u> 13.37% 5.5% 3.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.0621 1.0142 1.0234	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
	ASE MIV DASED DATE CALCULATIONS		а	b	C C	d d	e	green f or some	g	g	oži (ikoh , iko∧)	e provi i na (pilo
17	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	***************************************		
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105,0% \$0,37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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	FY12 Audited C/R Days	63,718									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 61,473	FY 18 GL-PL ins Rpi Days Ln 7 / Ln 8 Col a	\$249.45	6400.77	60.00	604.05	607.00	4/45 1 BED	045.00	61,473	407.00	***
10	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 gtrs of FY12	\$249.45	\$102.77 <u>1.0621</u>	\$0.00	\$34.35	\$27.02	(with L&H)	\$45.23	\$2.88	\$37.20	\$0.00
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$96,77								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	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
											(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13.37%	En 14 x Grwth Allwric %	\$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	\$3.90 \$33,05	\$26,18	\$0.00	\$2.75	\$2.88	N/A \$8.43	\$0,00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qir End	Q17-1.52	1.0234	00,00	\$55,55	\$20.10	\$0.00	\$20.01	φ2.00	\$0.40	\$0,00
18	Ortrly Routine Srvcs 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
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([SInd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0,00	\$0,00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$4.56	\$4.56								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	1.n 19 Col b x Sting 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	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$183,87	\$90.02	\$0.00	\$33,05	\$26.18	\$0.00	\$23.31	\$2.88	\$8,43	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0,75	\$137.90									

	Provider: Westbury H & R - Conyers, Inc Provider ID: 00143503A Case Mix Per Diem Rate Effective Date:	10/1/2020	Ċ	owth Allowance; htrly BIMS score		Add-on Percent 13.37% 2.5%		Quarterly	d Overail CMI: Medicaid CMI:		Facility Specific 1,2886 1,4099	State- wide 1.3617 1.5138
	MDS & Nurse Hrs Data per Quarter Ending:	06/30/20 Nurse Hours p	er On-Site Day/O	luality Incentive:	3.85	3.0%	Qrtrly Mcaid	CMI w RUG	Wght Options:		1.4370	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
			а	b	in Company	d	e	f	g	- : · · g - : · · ·	h	aaninija e
C	CASE MIX BASED RATE CALCULATIONS											
_												
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	1 All Facilities	2 Free Standing	1 All Facilities	1 All Facilities	1 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 Srvcs 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 AdjsImts	(\$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 Srvcs	En 7 / En 8 Col a	\$153.26	\$85.07	\$0.00	\$17.85	\$22.01	(with L&H)	\$15,50	\$2.52	\$8.86	\$1,45
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.2886</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.02								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Stross)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$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	\$1.45
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
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 Diern (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 Medicald Residents	per Current Qtr End		<u>1.4370</u>								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x En 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
	Quarterly Per Diem Add-on Amounts											
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 Srvs)	Ln 19 Col b x CPS Add-on	\$2.69	\$2,69	40.00	70.22	40.41	00,00	10.00		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.23	\$3.23								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17,10	. = :=-					\$17,10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.55	\$6,45	\$0,00	\$0.22	\$0.41	\$0.00	\$17.47	\$0,00	\$0.00	\$0,00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$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						l			J

Provider: Westbury H & R-McDonough, Inc Prvdr ID: 00143525A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020	_	owth Allowance: httly BIMS score	42.3%	Add-on Percent 13.37% 2.5% 3.0%		Quarterly	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.2827 1.3593 1.3851	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
		а	b	С	đ	e	Market I was a	g	g	h	Allend og e
CASE MIX BASED RATE CALCULATIONS											
Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90,0% 100,0% \$0,53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Base Period Per Diem Allowed Amounts											
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpi	\$8,627,469	\$4,495,983	\$0	\$1,108,982	\$606,111	\$614,641	\$965,266	\$128,134	\$708,352	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$209,225)	\$15,136	\$0	\$1,272	(\$1,574)	(\$13,942)	(\$202,960)		(\$80,933)	\$73,776
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,418,244	\$4,511,119	\$0	\$1,110,254	\$604,537	\$600,699	\$762,306	\$128,134	\$627,419	\$73,776
8 Total Nursing Facility Days As Filed Days = 54,323	FY12 Audited C/R Days	54,323									
Total Nursing Facility Days GL-PL Ins, Rpt As Filed Days = 52,298	FY 18 GL-PL Ins Rpt Days								52,298		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 <u>Case Mix Index</u> for All Residents 11 Routine Srycs Case Mix Adistd (CMA) Net Per Diem	from 4 qtrs of FY12		1.2827								
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem 12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	Ln 9 / Ln 10 RS = Ln 11, AllOthr = Ln 9		\$64.74			****			4		
13 Per Diem Standards (After Statewide CMA for Routine Stvcs)	per Peer Group Limits		\$64.74	\$0.00 \$0.00	\$20.44	\$22.19		\$14.03	\$2.45	\$11.55	\$1.36
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$132.60	\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
Dase relicu case Mix Aujusteu Alluweu Pet Dietti	Fessel 01 (71 15 01 (71 13	\$132.00	\$64.74	\$0.00	\$18.41	\$22,19		\$14.03	\$2.45	9,42 (FRV)	\$1,36
Quarterly Per Diem Rate Prior to Add-ons											
15 Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$15.97	\$8,66	\$0.00	\$2.46	\$2.97	\$0,00	\$1.88	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on) 17 Quarterly Facility Case Mix Index for Medicaid Residents	Ln 14 + Ln 15	\$148.57	\$73.40	\$0,00	\$20,87	\$25.16	\$0.00	\$15.91	\$2.45	\$9,42	\$1.36
	per Current Qtr End Ln 16 x Ln 17		1.3851								
18 Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem 19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlhr = Ln 16	\$176.84	\$101,67 \$101,67	\$0.00	\$20.87	\$25,16	\$0.00	E45.04	PO 45	60.40	64.00
13 Quarterly Medicald Clina Allowed Fel Dietil	A3 - D1 10, A(O(ii) - D1 10	\$176.84	\$101.07	\$0,00	\$20.87	\$25.16	\$0.00	\$15.91	\$2.45	\$9,42	\$1.36
Quarterly Per Diem Add-on Amounts											
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0,53	\$0,00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	En 19 Col b x CPS Add-on	\$2.54	\$2.54								
22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.05	\$3.05								
Nursing Horne 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									

;	rovider: Westbury Medical Care Home, Inc. nvdr ID: 00143514A Case Mix Per Diem Rate Effective Date; MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020 06/30/20 Nurse Hours		owth Allowance: Itrly BIMS score	Facility Score N/A 48.0% 4.68	Add-on <u>Percent</u> 13.37% 5.5% 3.0%			d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.1885 1.5032 1.5326	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
			а	b	C C	de de la compa	e	f	g	g	ugga Ki h gga King	Territore Discourse
2	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	*	\$4,779,936	\$0	1 ' '	\$671,257	\$515,393	\$1,252,659	\$142,847	\$329,058	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$195,781)	(\$3,438)	\$0	\$0	(\$8,951)		(\$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									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 67,751	FY 18 GL-PL ins Rpt Days Ln 7 / Ln 8 Col a	0400.04	200 50	\$0.00	04400	240.00		045.00	67,751	22.27	
10	Net Per Dierns prior to Case Mix Adjstmt to Routine Srvcs Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	\$123.81	\$69.56	\$0,00	\$14,62	\$16,89	(with L&H)	\$15.93	\$2.11	\$3.37	\$1.33
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		<u>1.1885</u> \$58.53								
12	Net Per Diems after Case Mix Adjatmt to Routine Srycs	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 Stycs)	per Peer Group Limits		\$30,33 \$71,51	\$0,00	\$18.41	\$23.09		\$10.55	\$0.00	\$3.57 N/A	\$1.00
14	Base Period Case Mix Adjusted Allowed Per Diern	Lesser of Ln 12 or Ln 13	\$120,20	\$58.53	\$0.00	\$14.62	\$16.89		\$15.93	\$2.11	10.79	\$1,33
	,		¥120.20	***************************************	40.00	4102	410.00		\$15.55	72.17	(FRV)	\$1.55
1.5	Quarterly Per Diem Rate Prior to Add-ons	1-44-0-4-4		4								
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwih Allwinc % Ln 14 + Ln 15	\$14.17	\$7.83	\$0.00	\$1.95	\$2.26	\$0.00	\$2.13	N/A	N/A	N/A
16 17	CMA Allowed Per Diem (After Growth Allowance Add-on)	per Current Qtr End	\$134.37	\$66,36	\$0.00	\$16,57	\$19.15	\$0.00	\$18.06	\$2.11	\$10.79	\$1.33
18	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		<u>1.5326</u> \$101.70								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOlhr = Ln 16	\$169,71	\$101.70	\$0.00	\$16,57	\$19,15	\$0.00	\$18.06	\$2.11	\$10.79	\$1.33
	·			*	, ,,,,,			,,,,,			******	
20	Quarterly Per Diem Add-on Amounts	(see Policy Manual)	\$1.53	\$0.53	\$0,00	\$0,22	\$0.41	*0.00	50.03		60.00	
21	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) BIMS Add-on Per Diem = 5.5% (to Routine Says)	Ln 19 Col b x CPS Add-on	\$1,53	\$0,53 \$5.59	\$0,00	\$0,22	\$ 0.41	\$0.00	\$0,37		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Sives)	Ln 19 Col b x Sting Add-on	\$3.05	\$3.05								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	\$0.00					\$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			<u> </u>		l				

1	Provider: Westminister Commons Prodr ID: 00140082A Case Mix Per Diem Rate Effective Date; MDS & Nurse Hrs Data per Quarter Ending:			th Allowance: ly BIMS score	41.3%	Add-on Percent 13,37% 2.5% 2.0%			Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.3564 1.3707 1.3933	State- wide 1.3699 1.5138 1.5405
Line	Description	Sources <i>I</i> Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
17.00			а	de de la constant	c	ipa eri d e pad	ng taga e manggi	f	and garage			
2	CASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100,0% \$0.53	90.0% 100.0% \$0.00	90.0% 100,0% \$0.22	85.0% 100.0% \$0.41		50,0% 105.0% \$0.37	-		
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY13 C/R	\$4,634,507	\$2,142,321	\$0	\$373,615	\$221,648	\$334,257	\$885,491	\$115,686	\$561,489	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	(\$109,588)	\$0	\$0	\$0	\$0	\$0	(\$109,588)		(\$65,969)	\$65,969
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$4,524,919	\$2,142,321	\$0	\$373,615	\$221,648	\$334,257	\$775,903	\$115,686	\$495,520	\$65,969
8	Total Nursing Facility Days As Filed Days = 27,110	FY13 Audited C/R Days	27,110									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,912	FY 18 GL-PL Ins Rpt Days								26,912		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.26								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = 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 Srvcs)	per Peer Group Limits		\$73.90	\$0.00	\$19.14	\$23.27		\$23.46	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$130,55	\$58.26	\$0,00	\$13.78	\$20.51		\$23.46	\$4.30	7.81	\$2.43
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
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 Qir End	1	1.3933	•			*	, , , ,		****	4
18	Ortrly Routine Srvcs 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
20	Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0,00	\$0.22	\$0.41	\$0,00	\$0,00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.30	\$2.30	\$0.00	\$0.22	\$0.41	30.00	Φ0,00		\$0,00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Sives)	Ln 19 Col b x Strng Add-on	\$1.84	\$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	\$22.40	\$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		1	1				1		

ļ	rovider: Westview Nursing & Rehab Center rvdr ID: 00143536A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020		owth Allowance; htrly BIMS score	24.2%	Add-on Percent 13.37% 1.0% 3.0%		Quarterly	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.3807 1.8806 1.9175	State- wide 1.3617 1.5138 1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
	ASE MIX BASED RATE CALCULATIONS		: Children	January b galage	C:	i i i da angar	<u> en en en en </u>		g	ilia in granno	ggik giljer h la mesa w	7 - 2 July 1
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 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0,53	90,0% 100,0% \$0,00	90,0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srycs Combined) Audit Adjustments and Reallocations to Cost Center Costs	As Filed FY12 C/R -FY 2018 GL-PL Rpt FY12 C/R Audit Adjstmts	\$3,525,367 (\$95,818)	\$1,800,265 \$0	\$0 \$0	\$374,449 \$0	\$236,795 (\$1,235)	\$228,123 (\$1,189)	\$614,543 (\$92,415)	\$83,198	\$187,994 (\$34,176)	\$0 \$33,197
8	Cost Center Costs After Audit Adjustments Total Nursing Facility Days Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,696	FY12 Audited C/R FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	\$3,429,549 27,760	\$1,800,265	\$0	\$374,449	\$235,560	\$226,934	\$522,128	\$83,198 26,696	\$153,818	\$33,197
9 10 11	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Base Period Facility <u>Case Mix Index</u> for All Residents Routine Srvcs Case Mix Adjstd (CMA) Net Per Diern	Ln 7 / Ln 8 Col a from 4 qtrs of FY12 Ln 9 / Ln 10	\$123.67	\$64.85 <u>1,3807</u> \$46,97	\$0.00	\$13.49	\$16.66	(with L&H)	\$18,81	\$3.12	\$5.54	\$1.20
12 13 14	Net Per Diems after Case Mix Adjstmt to Routine Srvcs Per Diem Standards (After Statewide CMA for Routine Srvcs) Pass Period Case Mix Adjusted Allowed Des Diem	RS = Ln 11, AllOthr = Ln 9 per Peer Group Limits	6444.00	\$46.97 \$71.51	\$0.00 \$0.00	\$13.49 \$18.41	\$16.66 \$23.09		\$18.81 \$20.56	\$3.12	\$5.54 N/A	\$1.20
**	Base Period Case Mix Adjusted Allowed Per Diem Quarterly Per Diem Rate Prior to Add-ons	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
15 16 17 18	Growth Allowance Percentage = <u>13.37%</u> CMA Allowed Per Diem (After Growth Allowance Add-on) Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents Qrtrfy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 14 x Grwth Allwnc % Ln 14 + Ln 15 per Current Qtr End Ln 16 x Ln 17	\$12.82 \$124.21	\$6.28 \$53.25 <u>1.9175</u> \$102.11	\$0,00 \$0,00	\$1.80 \$15.29	\$2.23 \$18.89	\$0.00 \$0.00	\$2.51 \$21.32	N/A \$3,12	N/A \$11.14	N/A \$1.20
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$173.07	\$102.11	\$0,00	\$15,29	\$18.89	\$0.00	\$21.32	\$3,12	\$11.14	\$1.20
20 21 22	Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) BIMS Add-on Per Diem = 1.0% (to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	(see Policy Manual) Ln 19 Col b x CPS Add-on Ln 19 Col b x Sting Add-on	\$1.53 \$1.02 \$3.06	\$0.53 \$1.02 \$3,06	\$0,00	\$0.22	\$0,41	\$0.00	\$0.37		\$0,00	
23 24	Nursing Home Provider Fee Total Quarterly Per Diem Add-on Amounts	(Fixed Amount) Sum of Lns 20 thru 23	\$17.10 \$22.71	\$4.61	\$0.00	\$0.22	\$0.41	\$0,00	\$17.10 \$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									

FINAL

Provider: Westwood Nursing Center Prydr ID: 00370862A			Add-on Da	ata and Percentages Growth Allowance:	Facility Score N/A	Add-on Percent 13,37%	-	Case Mix Inde	x (CMI) Data		Facility Specific	State- wide
H/B 7: No	Case Mix Per Diem Rate Effective Date:	10/01/20		BIMS	37.8%	2.5%			rrod Overall CMI; rly Medicaid CMI;		1.3746 1.6713	1.3617 1.5138
	MDS & Nurse Hrs Data per Quarter Ending:		urs per On-Site	Day/Quality Incentive;	3,16	2.0%	Qrtrl	y Mcaid CMI w RU			1.6998	1.5405
				Routine	Special	In	Laundry &	Plant	Admin	A&G- GL-PL	Property	Taxes
Line Description #		Sources / Calculations	Totals	Services	Services	Dietary	Houskpng	Operatns & Maint	and General	Insurance	and Related	and Insurance
CASE MIX BASED RATE CALCULATIONS			Might assume	Januaryan b asa ar mail	C	d	е	<u> </u>	9	<u> </u>	h	aumaa l daa
Cost Center Peer Groups per Selected Op	tions		1					1 .	1 .	1		1
Type of Facility within Peer Group	nons			All Facilities	7 All Facilities	2	1	7	7			
Bed Size Range within Peer Group						Freestanding	All Facilities	All Facilities	All Facilities			
Peer Group Standards & Efficiency Measu	uso l imito			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			1
Peer Group Standards: Percentile	ire Limits			90.0%	90.0%	90.0%	85.0%		50.0%			
Peer Group Standards: Multiplier				100.0%	100.0%	100.0%	100.0%	1	105.0%			
Efficiency Measures (Maximums)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	1		
Base Period Per Diem Allowed Amounts				\$0.55	\$0.00	30.22	30.41		30.37			
Net Historical Cost 201	o	FY2010 C/R -FY 2018 GL-PL Rpt		1,136,799		233,063	132,845	149,522	328,763	47,102	316,084	2,412
Inflation (July 2012) @	2.06%			23,418		4,801	5,817	140,022	6,773	47,102	310,004	2,412
Patient Days		FY 2010 Cost Rpt		19,770		19,770	19,770		19,770		19,770	19,770
Total Nursing Facility Days GL-PL Ins. Rpt		FY 18 GL-PL Ins Rpt Days		,,,,,		13,113	10,110		,,,,,	12,944	15,110	10,710
Inflated NHC/ Patient Days				58.69		12.03	14.58		16.97	3.64	15.99	0.12
Base Period Facility CMI for all Residents			İ	1,3746					1		10,00	5.12
Routine Services Case Mix Adjusted Net P	er Diem			\$42.69						!		
Net Per Diems After Case Mix Adjustments	;		\$106.03	\$42.69		\$12.03	\$14,58		\$16.97	\$3,64	\$15.99	0.12
Per Diem Standards				\$72.49		\$17,69	\$23.20		\$21.80			
Base Period Case Mix Adjusted Allowed Pe	er Diem		\$99,11	\$42.69		\$12,03	\$14.58	!	\$16.97	\$3.64	9.07	0.12
Quarterly Per Diem Rate Prior to Add-Ons			•								(FRV Rate)	
Growth Allowance 13,379	%		\$11.53	\$5,71		\$1.61	\$1.95	ĺ	\$2.27		, ,	
CMA Allowed Per Diem After Growth Aflow	rance		\$110.64	\$48,40		\$13.64	\$16.53		\$19.24	\$3.64	\$9.07	\$0.12
Quarterly Facility Case Mix Index for Medic	caid Residents			<u>1.6998</u>					i			
Qrtly Routine Srvcs Case Mix Adjstd (CMA)				\$82.27		ŀ						•
Quarterly Medicaid CMA Allowed Per Diem)		\$144.51	\$82.27		\$13.64	\$16.53		\$19.24	\$3.64	\$9.07	\$0.12
Quarterly Per Diem Add-On Amounts	i					ľ						
Efficiency Add-On Per Diem (Std - Allwd x .:	` ′		\$1.53	\$0.53		\$0.22	\$0.41		\$0.37			
BIMS Add-on Per Diem =	2.5% (to Routine Srvs)		\$2,06	2.06]
Nurse Staff Hrs / Quality Add-on Per Diem =	2.0%		\$1,65	1.65								
Nursing Home Provider Fee			\$ 17,10						\$ 17.10			
Total Quarterly Per Diem Add-On Amounts	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		\$22.34									
Quarterly Case Mix Based Per Diem Rate			\$166.85	\$86,51		\$13.86	\$16.94	-	\$36.71	\$3.64	\$9.07	\$0.12
Leave/Bed Hold Per Diem Rate (Per Diem Rate -	- Pvdr Fee) x 75%	\$112.31					L	****	L	<u> </u>	***************************************	

Provider: Wildwood Health Care, Inc. Prvdr ID: 00143547A Case Mix Per Diem Rate Effective D MDS & Nurse Hrs Data per Quarter Enc	ate: 10/1/2020		owth Allowance: Otrly BIMS score	39.4%	Add-on <u>Percent</u> 13,37% 2,5% 3,0%		Quarterly	CMI) Data d Overall CMI; Medicaid CMI; Wght Options;		Facility <u>Specific</u> 1.3013 1.5858 1.6155	State- wide 1.3617 1.5138 1.5405
Line # Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
CASE NEW PASED DATE CALCULATIONS		a	b.	C	d d	e	f	g	g a se	ing any house have	parity (1 region
CASE MIX BASED RATE CALCULATIONS											
1 Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			777
Base Period Per Diem Allowed Amounts											
5 As Filed Cost Center Costs (Routine & Special Stycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,109,487	\$1,107,662	\$0	\$281,589	\$162,295	\$165,310	\$351,885	\$8,987	\$31,759	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$41,467)	(\$1,169)	\$0	\$0	\$1,443	\$1,470	(\$43,494)	, ,	(\$11,947)	\$12,230
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,068,020	\$1,106,493	\$0	\$281,589	\$163,738	\$166,780	\$308,391	\$8,987	\$19,812	\$12,230
8 Total Nursing Facility Days As Filed Days = 15,340	FY12 Audited C/R Days	15,340									
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,434 9 Net Per Diems prior to Case Mix Adjistmt to Routine Srvcs	FY 18 GL-PL Ins Rpt Days Ln 7 / Ln 8 Col a	6424.04	670.40	\$0.00	640.05	804 55	6.45.1.848	****	15,434		
10 Base Period Facility Case Mix Adjustrat to Routine Sives	from 4 ctrs of FY12	\$134.81	\$72,13 1,3013	\$0.00	\$18.36	\$21.55	(with L&H)	\$20.10	\$0.58	\$1.29	\$0.80
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.43								
12 Net Per Diems after Case Mix Adjstmt to Routine Srycs	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 Stycs)	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	\$126,05	\$55.43	\$0.00	\$18.36	\$21.55		\$20.10	\$0.58	9.23	\$0,80
				•	,	•=				(FRV)	
Quarterly Per Diem Rate Prior to Add-ons 15 Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	245.40	67.44	#0.00	60.45	** **	***				
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$15.43 \$141.48	\$7.41 \$62.84	\$0.00 \$0.00	\$2.45 \$20.81	\$2.88 \$24. 43	\$0.00 \$0.00	\$2.69 \$22.79	N/A \$0.58	N/A \$9.23	N/A
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$141.40	1.6155	\$0,00	320.61	\$24.43	\$0.00	\$22,19	\$0,56	\$9.23	\$0.80
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 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
								-			• • • • • • • • • • • • • • • • • • • •
Quarterly Per Diem Add-on Amounts 20 Efficiency Add-on Per Diem ((Stnd - Atwd) x .75, up to max, or 0)	(see Policy Manual)	64.20	50.50	60.00	20.04	ED 44	60.00			20.00	
20 Efficiency Add-on Per Diem ([Stnd - Atwd] x .75, up to max, or 0) 21 BIMS Add-on Per Diem = 2.5% (to Routine Sr		\$1.32 \$2.54	\$0,53 \$2,54	\$0.00	\$0.04	\$0.41	\$0.00	\$0.34		\$0.00	
22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Slfng Add-on	\$3.05	\$3.05								
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10	\$0.00					\$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		1	1			I	ı		

Provider: Prvdr ID:	William Breman Jewish Home 00040752A Case Mix Per Diem Rate Effective Date:	10/1/2020		Percentages owth Allowance: http://doi.org/	Facility Score N/A 57.6%	Add-on Percent 13,37% 5.5%	Cas		CMI) Data d Overall CMI: Medicaid CMI:		Facility Specific 1.4004 1.7055	State- wide 1.3617 1,5138
	MDS & Nurse Hrs Data per Quarter Ending:		er On-Site Day/Q		5,52	3.0%	Ortrly Meaid		Wght Options:		1.7364	1,5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f .	g	g	h	
CASE M	IX BASED RATE CALCULATIONS											
	enter Peer Groups Type of Facility wiltin Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 Ali Facilities Ali Bed Sizes	1 All Facilities All Bed Sizes	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 3 Peer	roup Standards & Efficiency Measure Limits Group Standards: Percentile Group Standards: Multiplier ency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90,0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Base P	eriod Per Diem Allowed Amounts											
5 As Fi	led Cost Center Costs (Routine & Special Srvcs 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
1	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
1	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
- 1	tal Nursing Facility Days As Filed Days = 33,439	FY12 Audited C/R Days	33,439									
1	tal Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,595	FY 18 GL-PL Ins Rpt Days								33,595		
1	er Diems prior to Case Mix Adjstmt to Routine Srvcs	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
į.	se Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.4004								
l l	utine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$98.80								
ı	er Diems after Case Mix Adjstrnt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$98.80	\$0,00	\$44.02	\$33.47		\$44.19	\$4.31	\$15.87	\$1.12
l	liem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits Lesser of En 12 or Ln 13	****	\$71.51	\$0.00	\$18,41	\$23.09		\$20.56	\$0.00	N/A	
	Period Case Mix Adjusted Allowed Per Diem	Lessel of tal 12 of LR 13	\$166,81	\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$4.31	27.81 (FRV)	\$1.12
į.	rly Per Diem Rate Prior to Add-ons th Allowance Percentage = 13.37%	Ln 14 x Grwlh Allwnc %	\$17.86	\$9.56	\$0.00	\$2,46	\$3,09	60.00	\$2,75		A1/4	
1	Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$17.00	\$81.07	\$0.00	\$2.46	\$3.09 \$26.18	\$0.00 \$0.00	\$2.75	N/A \$4,31	N/A \$27.81	N/A \$1.12
	arterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	\$104,07	1.7364	\$0.00	\$20.01	\$20.16	\$0,00	\$43,31	34,31	\$27.01	\$1.12
	irfy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$140.77								
1 .	erly 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
Quarte	rly Per Diem Add-on Amounts											
i	ency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0,00	\$0.00	\$0.00	\$0.00		\$0.00	
- 1	Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$7.74	\$7.74	· · ·		,				3-74-	
22 Nurse	Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.22	\$4.22								
23 Nursii	ng 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 Quarter	rly 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 Quarte	rly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$192.25						<u> </u>			4

FINAL

Provider: Willowwood Nursing Center Prvdr ID: 00271829A H/B 7: No	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/01/20 06/30/20 Nurse Hou		ata and Percentages Growth Allowance: BiMS Day/Quality Incentive:	Facility Score N/A 46,8% 3.09	Add-on Percent 13,37% 5.5% 3.0%	Qrin		riod Overall CMI: rly Medicaid CMI:		Facility Specific 1.1879 1.7382 1.7719	State- wide 1.3617 1.5138 1.5405
Line Description		Sources / Calculations	Totals	Routine Services	Special Services C	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
CASE MIX BASED RATE CALCULATIONS) 4	[and the Company	d.:	.: , ''e:	<u> </u>	9	+ 5 Table + 15 a	h	1 1
Cost Center Peer Groups per Selected Op	tions		W	i + 1	1	و ا		i 4		Ì	I	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			l
Peer Group Standards & Efficiency Measu	ra l imite			All Ded Sizes	All Ded 3izes	All Bed Sizes	All Ded Sizes	All Deu Sizes	All bed Sizes			
Peer Group Standards; Percentile	i C Ziimio			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)			i	\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts			ł	00.00	φο.σσ	\$0.22	\$0.77		\$0.57			
Net Historical Cost 2010)	FY2010 C/R -FY 2018 GL-PL Rpt		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	201,200	12,694	70,003	300,003	383
Patient Days		FY 2010 Cost Rpt		35,750		35,750	35,750		35,750		35,750	35,750
Total Nursing Facility Days GL-PL Ins. Ret		FY 18 GL-PL Ins Rpt Days		,		55,155	00,705		00,100	31,254	35,750	30,730
Inflated NHC/ Patient Days				45.55		11.80	13.50		17.59	2.52	10.63	0.53
Base Period Facility CMI for all Residents				1,1879		11,00	10.00		17,55	2.02	10.00	0.55
Routine Services Case Mix Adjusted Net Pe	er 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	and the same of th		7	\$72.49		\$17.69	\$23.20		\$21,80	VL.UL	Ψ10.00	0.50
Base Period Case Mix Adjusted Allowed Pe	r Diem		\$92.28	\$38.34		\$11.80	\$13.50		\$17,59	\$2.52	7.99	0.53
Quarterly Per Diem Rate Prior to Add-Ons			**				\$10.00		4	42.02	(FRV Rate)	0.00
Growth Allowance 13.37%			\$10.86	\$5,13		\$1.58	\$1.81		\$2.35		(111771010)	1
CMA Allowed Per Diem After Growth Allows	ance		\$103,13	\$43,47		\$13.37	\$15.31		\$19.94	\$2.52	\$7.99	\$0.53
Quarterly Facility Case Mix Index for Medic	aid Residents		•	1.7719		7.025	*10.01		•10.01	42.02	Ψ1.00	
Ortly Routine Srvcs Case Mix Adjstd (CMA)	1			\$77.02								l
Quarterly Medicaid CMA Allowed Per Diem			\$136,69	\$77.02		\$13,37	\$15,31		\$19,94	\$2.52	\$7.99	\$0,53
Quarterly Per Diem Add-On Amounts				,		1	J.=/J.		7.2.01	72.02	41,00	\$3.55
Efficiency Add-On Per Diem (Std - Allwd x .7	'5 up to max or 0)		\$1.53	\$0.53		\$0.22	\$0.41		\$0.37			
BIMS Add-on Per Diem =	5.5% (to Routine Srvs)		\$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			ĺ
Total Quarterly Per Diem Add-On Amounts			\$25.18								·	
Quarterly Case Mix Based Per Diem Rate		*****	\$161.87	\$84.10		\$13.59	\$15.72		\$37.41	\$2.52	\$7.99	\$0.53
Leave/Bed Hold Per Diem Rate (Per Diem Rate -	Pvdr Fee) x 75%	\$108.58										1

1	Provider: Windemere Health & Rehab ProfilD: 00241678A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020 06/30/20 Nurse Hours		owth Allowance: Nrly BIMS score	Facility Score N/A 44.1% 3.78	Add-on Percent 13.37% 2.5% 2.0%		Quarterly	CMI) Data d Overall CMI: Medicaid CMI; Wght Options;		Facility <u>Specific</u> 1.5761 1.6739 1.7047	State- wide 1.3617 1.5138 1.5405
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dielary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
-			а	b	c	d	e	1999 1 1899	g	g	symply h eligadi	100,000 1 00,000
2	CASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100,0% \$0,53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$5,691,497	\$3,243,931	\$0	\$613,683	\$206,128	\$279,704	\$1,067,395	\$3,884	\$276,772	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$66,491)	\$0	\$0	\$0	(\$7,368)	(\$11,990)	(\$39,137)		(\$58,352)	\$50,356
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,625,006	\$3,243,931	\$0	\$613,683	\$198,760	\$267,714	\$1,028,258	\$3,884	\$218,420	\$50,356
8	Total Nursing Facility Days As Filed Days = 40,515	FY12 Audited C/R Days	40,515									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days ≈ 38,159	FY 18 GL-PL Ins Rpt Days								38,159		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$138,84	\$80.07	\$0.00	\$15.15	\$11.51	(with L&H)	\$25.38	\$0.10	\$5.39	\$1.24
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.5761</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.80								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71,51	\$0.00	\$18.41	\$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	\$1.24
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$13.11	\$6.79	\$0,00	\$2.03	\$1.54	\$0.00	\$2,75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$121.79	\$57.59	\$0.00	\$17.18	\$13.05	\$0.00	\$23.31	\$0.10	\$9.32	\$1.24
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.7047</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diern	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
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.45	\$2.45			·					
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Sives)	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	\$22.67	\$4,94	\$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	\$185,04	\$103.11	\$0.00	\$17.40	\$13.46	\$0.00	\$40.41	\$0.10	\$9,32	\$1.24
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$125.96		, ,,,,,,	·						

Facility Add-on Facility State-Provider: Winder Nursing, Inc. Percent Add-on Data and Percentages Score Case Mix Index (CMI) Data Specific wide Prvdr ID: 00142854A Growth Allowance: N/A 13,37% Base Period Overall CMI: 1,3615 1.3617 Case Mix Per Diem Rate Effective Date: 10/1/2020 Qtrly BIMS score 27,6% 1.0% Quarterly Medicaid CMI: 1.5801 1.5138 MDS & Nurse Hrs Data per Quarter Ending: 06/30/20 Nurse Hours per On-Site Day/Quality Incentive; Ortrly Meaid CMI w RUG Wight Options: 3.21 3.0% 1,6082 1.5405

Line		Sources / Calculations	Totals	Routine Services	Special Services	Dielary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b b	С	d	8	(245590) f (2403)	g	g	h	dia infla
2	CASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105.0% \$0,37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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		FY12 C/R Audit Adjstmts	(\$86,521)	(\$32,627)	\$0	\$0	\$886	\$1,384	(\$57,483)		(\$18,805)	\$20,124
8	• • • • • • • • • • • • • • • • • • • •	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
0	Total Nursing Facility Days As Filed Days = 53,832 Total Nursing Facility Days GtPt. Ins. Rpt As Filed Days = 46,878	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	53,832									
9		£n 7/£n 8 Col a	6407.54	\$74.79	\$0.00	045.07	040.00		240.40	46,878		
10		from 4 qtrs of FY12	\$137.51	1.3615	\$0,00	\$15.37	\$16. 6 8	(with L&H)	\$18,10	\$2.52	\$9.68	\$0.37
11		Ln 9/Ln 10		\$54.93								
12		RS = Ln 11, AllOthr = Ln 9		\$54,93	\$0,00	\$15.37	\$16.68		\$18,10	\$2,52	\$9,68	\$0,37
13	*	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$23.09		\$20.56	\$0.00	N/A	40.07
14		Lesser of Ln 12 or Ln 13	\$119.13	\$54.93	\$0.00	\$15.37	\$16,68		\$18.10	\$2.52	11.16	\$0.37
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14.04	\$7.34	\$0.00	\$2.05	\$2.23	\$0.00	\$2.42	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Լn 15	\$133.17	\$62.27	\$0,00	\$17,42	\$18.91	\$0.00	\$20,52	\$2.52	\$11.16	\$0.37
17	, , ,	per Current Qtr End		1.6082								
18		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
	Quarterly Per Diem Add-on Amounts											
20	-	(see 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 Srvs)	En 19 Col b x CPS Add-on	\$1.00	\$1.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Lo 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							J		1
	<u>-</u>											

ł.	ovider: Winthrop Manor Nursing Center vdr ID: 00143118A Case Mix Per Diem Rate Effective Date; MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020		owth Allowance; Itrly BIMS score	27.9%	Add-on Percent 13.37% 1.0% 3.0%			d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.3379 1.4508 1.4760	State- wide 1.3617 1.5138 1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dielary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
1000			a en e	D .	С	d	е		ata in g ili ta	gang gan Ag	janajaj h ja Mala	an şiğ l erayı
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Stycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$5,202,364	\$2.864.962	\$0	\$524,768	\$373,839	\$279,989	\$656,993	\$ 95,369	\$406,444	so
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adistmts	(\$24,426)	\$2,004,002	\$0 \$0	\$024,700	\$227	\$279,309	(\$24,653)	250,305	(\$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	4=1 1,	1-		***************************************	V 2.0,000	4002,010	400,000	40.2,400	400,555
	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 Srvcs	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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60,53								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$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	\$0,96
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14,93	\$8.09	\$0.00	\$1.98	\$2,47	\$0,00	\$2.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$140.75	\$68,62	\$0.00	\$16.81	\$20.96	\$0,00	\$20,27	\$2.87	\$10.26	\$0.96
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.4760</u>								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.28							ļ	
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
	Quarterly Per Diem Add-on Amounts											
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 Srvs)	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 Srvcs)	Ln 19 Col b x Sting 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									

1	ovider: Wood Dale Health Care Center vdr ID: 00143591A Case Mix Per Diem Rate Effective Date:	10/1/2020	c	owth Allowance: Nrly BIMS score	41.9%	Add-on Percent 13.37% 2.5%		Quarterly	d Overall CMI Medicaid CMI		Facility Specific 1.2524 1.2245	State- wide 1,3617 1,5138
	MDS & Nurse Hrs Data per Quarter Ending:	06/30/20 Nurse Hours p	er On-Site Day/C	tuality incentive:	2.50	3.0%	Qrtrly Mcaid	CMIWRUG	Wght Options:		1.2426	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
11234			а	b .	С	d	е	2002 f 1000 c	g	10 0 g () 0 0	h	
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 Ali Facilities Ali Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0%			-
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,219,033	\$2,417,583	so	\$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 Adistmts	(\$17,067)	\$0	\$0	(\$1,703)	\$0	\$0	(\$17,067)	1	(\$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		1	1	4207,111	4200,010	\$ 101,004	40,200	4004,500	\$2.,000
	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 Srvcs	Ln 7 / Ln 8 Col a	\$143,86	\$82.77	\$0.00	\$16.10	\$18.52	(with L&H)	\$15,68	\$0.28	\$10.43	\$0.08
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2524			V	,		40.20	415.15	40.00
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$56,09								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71,51	\$0.00	\$18.41	\$23.09		\$20,56	\$0.00	N/A	,
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or l.n 13	\$126.39	\$66.09	\$0.00	\$16.10	\$18.52		\$15,68	\$0.28	9.64 (FRV)	\$0,08
	Quarterly Per Dlem Rate Prior to Add-ons										(rice)	
15	Growth Allowance Percentage = 13.37%	En 14 x Grwth Allwac %	\$15.57	\$8.84	\$0,00	\$2.15	\$2.48	\$0.00	\$2.10	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141,96	\$74.93	\$0.00	\$18.25	\$21,00	\$0.00	\$17.78	\$0.28	\$9.64	\$0.08
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qir End		1.2426								
18	Ortrly Routine Srvcs 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
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Afwd] x .75, up to max, or 0)	(see 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 Srvs)	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 Srvcs)	Ln 19 Col b x Sting Add-on	\$2.79	\$2.79								

Quarterly Per Diem Rate for Bed Hold and Leave Days

23

24

25

Nursing Home Provider Fee

Total Quarterly Per Diem Add-on Amounts

Quarterly Case Mix Based Per Diem Rate

\$17,10

\$23.75

\$183.89

\$125.09

\$5.65

\$98.76

\$0.00

\$0.00

\$0.22

\$18.47

\$0.41

\$21.41

(Fixed Amount)

Sum of Lns 20 thru 23

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

\$0.00

\$9.64

\$0,00

\$0.08

\$17.10

\$17,47

\$35.25

\$0.00

\$0.00

\$0.00

\$0.28

	Provider: Woodlands Health & Rehab Ctr.				Facility	Add-on				***************************************	Facility	State-
	· · · · · · · · · · · · · · · · · · ·		Add-on Data and		Score	Percent	Ca	se Mix Index (CMI) Data		Specific	_wide_
•	Prvdr ID: 00141985A			owth Allowance:		13.37%		Base Perio	d Overall CMI;		1.1917	1.3617
	Case Mix Per Diem Rate Effective Date:	10/1/2020		trly BIMS score		2.5%			Medicaid CMI:		1.1025	1.5138
	MDS & Nurse Hrs Data per Quarter Ending:	06/30/20 Nurse Hours p	er On-Site Day/C	trality Incentive:	3,22	3.0%	Ortrly Meak	CMI w RUG	Wght Options:		1,1193	1.5405
Line		Sources /		Routine	Special	. i i v <u>a</u> goga (e.)	Laundry &	Plant	Admin	A&G- GL-PL	Property	Taxes
#	Description	Calculations	Totals	Services	Services	Dietary	Houskpng	Operatos	and	Insurance	and	and
		Galculations		Allender billion	tantanan jalah	d	e	& Maint	General		Related h	Insurance
C/	SE MIX BASED RATE CALCULATIONS								g	g	randos abas n elegações.	
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			
	Peer Group Standards & Efficiency Measure Limits			, , , , , , , , , , , , , , , , , , , ,	7 00 01200	THE DEC CALCU	7 III Dad Organ	All Dec class	All DCG Gizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90,0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards; Multiplier	(see Policy Manual)	1	100,0%	100.0%	100.0%	100,0%		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	, , ,					1					
5	As Filed Cost Center Costs (Routine & Special Stycs 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	SI
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)	\$28.45
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	\$28,45
8	Total Nursing Facility Days As Filed Days = 22,087	FY12 Audited C/R Days	22,087					1		,	,	
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,847	FY 18 GL-PL Ins Rpt Days								41,847		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 qlrs of FY12		<u>1.1917</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9 / £n 10		\$48.35								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0,00	\$18.41	\$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
	Quarterly Per Diem Rate Prior to Add-ons										(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 17	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
18	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1,1193</u>								
19	QrIrty Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	Ln 16 x Ln 17		\$61,35								
19	Quarterly Per Diem Add-on Amounts	RS = £n 18, AliOthr = £n 16	\$122.66	\$61.35	\$0,00	\$16.01	\$19.32	\$0,00	\$19.01	\$0.53	\$5.15	\$1,29
20	,	John Belley Manuall	24.50		***	40.00						
21	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) BIMS Add-on Per Diem = 2.5% (to Routine Sixs)	(see Policy Manual) Ln 19 Col b x CPS Add-on	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0,37		\$0.00	
22	BIMS Add-on Per Diem = 2.5% (to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvs)	En 19 Col b x CPS Add-on En 19 Col b x Sting Add-on	\$1.53	\$1.53								
23	Nursing Home Provider Fee	(Fixed Amount)	\$1.84	\$1.84								
24	Total Quarterly Per Diem Add-on Amounts	(Fixed Amount) Sum of Lns 20 thru 23	\$17.10 \$22.00	\$3,90	60.00	60.00	86.44		\$17,10			
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$22.00 \$144.66	\$3,90	\$0,00	\$0.22 \$16,23	\$0.41 \$19.73	\$0.00 \$0.00	\$17.47	\$0,00	\$0.00	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$144.66	\$65.25	\$0.00	310.23	\$13./3	30.00	\$36.48	\$0,53	\$5.15	\$1.29
		Trice City 5110										
27	Minimum Quarterly Case Mix Based Per Diem Rate		\$147.00									
	[

\$97.43

(Ln 27 - Ln 23) * 0.75

28 Quarterly Per Diem Rate for Bed Hold and Leave Days

1	rovider: Woodstock Nursing and Rehab Center rvdr ID: 00171212A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2020	Qtr	th Allowance: ly BIMS score	38.5%	Add-on Percent 13,37% 2.5% 2.0%			d Overall CMI; Medicaid CMI;		Facility <u>Specific</u> 1.5030 1.7897 1.8224	State- wide 1.4014 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	Secretary by the second	С	(1500) d (1844)	giografi e isospil.	an elefado	g	Historico (Constitution of the Constitution of	errore house see	i i
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)		\$0	\$0	\$6,537	\$8,304	(\$67,698)	1 1	(\$358)	\$18,837
7	Cost Center Costs After Audit Adjustments	FY14 Audited C/R	\$4,618,723	\$2,447,180	\$0	\$361,256	\$178,969	\$218,524	\$703,890	\$202,899	\$487,168	\$18,837
8	Total Nursing Facility Days As Filed Days = 22,894	FY14 Audited C/R Days	22,894									
	Total Nursing Facility Days GL-PL Ins, Rpt As Filed Days = 44,670	FY 18 GL-PL Ins Rpt Days								44,670		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Cola	\$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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9 / £n 10		\$71.12								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlhr = 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 Srvcs)	per Peer Group Limits		\$73.31	\$0,00	\$19.52	\$23.55		\$24,02	\$0,00	N/A	
14	Base Period Case Mix Adjusted Altowed Per Diem	Lesser of Ln 12 or Ln 13	\$142.54	\$71.12	\$0,00	\$15.78	\$17.36		\$24.02	\$4,54	8.90 (FRV)	\$0.82
	Quarterly Per Diem Rate Prior to Add-ons										(/////	
15	Growth Allowance Percentage = 13.4%	En 14 x Grwth Aliwnc %	\$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 + En 15	\$159.69	\$80.63	\$0.00	\$17.89	\$19.68	\$0.00	\$27.23	\$4.54	\$8,90	\$0,82
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8224								
18	Ortrly Routine Srvcs 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
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0,22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.67	\$3.67								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	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 Diern 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					·i	•			

l .	wider. Wrightsville Manor		Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	se Mix Index ((CMI) Data	,	Facility Specific	State- wide
Prv	rdr ID; 00143602A		-	owth Allowance;		13.37%		Base Perio	d Overall CMI:		1.2201	1,3617
	Case Mix Per Diem Rate Effective Date; MDS & Nurse Hrs Data per Quarter Ending;	10/1/2020 06/30/20 Nurse Hours	C per On-Site Day/C	Itrly BIMS score Juality Incentive:		2.5% 3.0%	Ortrly Moaid	Quarterly I CMI w RUG	Medicaid CMI: Wght Options:		1.6756 1.7078	1.5138 1.5405
Line	Description	Sources /	Totals	Routine Services	Special Services	Dietary	Laundry & Houskong	Plant Operatos	Admin and	A&G-GL-PL Insurance	Property and	Taxes and
#		Calculations		Gervices	Gervices		Housepily	& Maint	General	insurance	Related	Insurance
			in in a second	b	С	nan gi d Bajaw	е	graph from the	g	g	Specific has a section	
<u>C</u> A	SE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group	, ,		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85,0%		50.0%			
3	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
7	Linciency measure maximums (see the 20 tol accust)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
- 1	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	\$26,14
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	\$26,14
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 Srvcs	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	\$0.76
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.2201</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$53.23								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$53.23	\$0.00	\$14.95	\$14.51		\$11.27	\$3,75	\$11.14	\$0.76
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$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	\$0.78
- 1	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Aliwnc %	\$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	Ortrly Routine Srvcs 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
	Quarterly Per Diem Add-on Amounts											
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 Srvs)	Ln 19 Col b x CPS Add-on	\$2,58	\$2.58	,		*-,**		7		\$2,20	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting 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 0	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 0	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$128.24		<u> </u>	1		l		-		

Provider: Wynfield Park Health & Rehab Prvdr ID: 00141512A H/B ?: No Case Mix Per Diem Rate Effective Date:	10/01/20	Add-on l	Data and Percentages Growth Allowance: BIMS:	Facility Score N/A 31.4%	Add-on Percent 13.37% 2.5%			(CMI) Data riod Overall CMI: ly Medicaid CMI:		Facility Specific 1.2181 1.4149	State- wide 1.3617 1.5138
MDS & Nurse Hrs Data per Quarter Ending:	06/30/20 Nurs	e Hours per On-S	ite Day/Quality Incentive:	3.81	2.0%	Ortrly M		G Wght Options:		1.4367	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
CASE MIX BASED RATE CALCULATIONS	t leves to teste successful in the etertain in the co	1 a	. santational beingeneer	C	Control design	ee.	f	g	historia e alteri	h.	<u> </u>
Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits		**************************************	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			
Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons			90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			***************************************
GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt					Andrew Control		- Veestalling of the Control of the	\$ 176,326 63.305		
Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 95% of Std Growth Allowance 13.4%	FY 2012 Peer Group Limit	\$153.75	j ·		\$18,41 \$17,49	\$23.09 \$21.94		\$20.56 \$19.53		\$25.63 \$25.63	
CMA Allowardee CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem		\$16,97 \$173,51	\$9.08 \$77.01 <u>1.4367</u> \$110.64		\$2.34 \$19.83	\$2.93 \$24.87		\$2.61 \$22.14	\$ 2.79	\$25,63 (FRV Rate)	\$1.23
Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts		\$207.14	\$110.64		\$19.83	\$24.87		\$22.14	\$2.79	\$25.63	\$1.23
BIMS Add-on Per Diem = 2.5% to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%		\$2.77 \$2.21	\$2.77 \$2.21		**************************************						
Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts		\$17.10 \$22.08			***************************************			17.10			
Quarterly Case Mix Based Per Diem Rate		\$22.08	\$115.62		\$19.83	\$24.87		\$39.24	\$2.79	\$25.63	\$1,23
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$159.09	4220.22	ψ110.0 <u>2</u>		\$15.55	\$24,01		400.24	\$2.15	\$20,00	31,20

Provider: Zebulon Park Health & Rehab Prvdr ID: 003125041B H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/01/20 06/30/20 Nurse		Data and Percentages Growth Allowance: BIMS: te Day/Quality Incentive:	Facility Score N/A 26.5% 3.47	Add-on Percent 13.37% 1.0% 3.0%		Quarter	(CMI) Data riod Overall CMI ly Medicaid CMI G Wght Options		Facility Specific Use Stwd 1.3199 1.3419	State- wide 1.3617 1.5138 1.5405
Line # Description	Sources / Calculations	Totals	Routine Services	Special Services C	Dietary	Laundry & Houskpng e	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related h	Taxes and Insurance
CASE MIX BASED RATE CALCULATIONS Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 95% of Std Growth Allowance 13.4% CMA Allowed Per Diem (After Growth Alowance) 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% to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% Nursing Home Provider Fee	FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt FY 2012 Peer Group Limit	\$168.52 \$16.97 \$188.48 \$214.81 \$1.03 \$3.10 \$17.10 \$21.23	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53 \$71.51 \$67.93 \$9.08 \$77.01 1.3419 \$103.34 \$103.34 \$1.03 \$3.10	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.00	2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22 \$18.41 \$17.49 \$2.34 \$19.83	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41 \$23.09 \$21.94 \$2.93 \$24.87	1 All Facilities All Bed Sizes	9 1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$20.56 \$19.53 \$2.61 \$22.14		\$36.35 \$36.35 \$36.35 (FRV Rate) \$36.35	
Quarterly Case Mix Based Per Diem Rate		\$21.23 \$236.04	\$107.48		\$19.83	\$24.87		\$39.24	\$2.99	\$36,35	\$5.28
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$164.20	-									