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

FINAL

Provider: **Tara at Thunderbolt Nursing & Rehab Center**
Prvdr ID: **00727801A**
Case Mix Per Diem Rate Effective Date: **10/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20

Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State-wide
Growth Allowance:	N/A	13.37%	Base Period Overall CMI:	1.5802	1.3617
Qtrly BIMS score	26.0%	1.0%	Quarterly Medicaid CMI:	1.5269	1.5138
Nurse Hours per On-Site Day/Quality Incentive:	3.29	3.0%	Qrtrly Mcaid CMI w RUG Wght Options:	1.5544	1.5405

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$7,904,994	$3,457,694	$0	$636,771	$357,288	$370,163	$1,576,669	$172,244	$1,334,165	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($803,200)	($251,995)	$0	($5,485)	($2,580)	$724	($631,432)		($14,266)	$101,834
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$7,101,794	$3,205,699	$0	$631,286	$354,708	$370,887	$945,237	$172,244	$1,319,899	$101,834
8	Total Nursing Facility Days As Filed Days = 44,915	FY12 Audited C/R Days	44,895									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 45,494	FY 18 GL-PL Ins Rpt Days								45,494		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$158.13	$71.40	$0.00	$14.06	$16.16	*(with L&H)*	$21.05	$3.79	$29.40	$2.27
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		**1.5802**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$45.18								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$45.18	$0.00	$14.06	$16.16		$21.05	$3.79	$29.40	$2.27
13	Per Diem Standards (After Statewide CMA for Routine 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	$120.01	$45.18	$0.00	$14.06	$16.16		$20.56	$3.79	17.99 *(FRV)*	$2.27
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$12.83	$6.04	$0.00	$1.88	$2.16	$0.00	$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$132.84	$51.22	$0.00	$15.94	$18.32	$0.00	$23.31	$3.79	$17.99	$2.27
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.5544**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$79.62								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$161.24	$79.62	$0.00	$15.94	$18.32	$0.00	$23.31	$3.79	$17.99	$2.27
	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	$0.80	$0.80								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 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**									

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

FINAL

Provider: **Tattnall Nursing, LLC**
Prvdr ID: **00143228A**

Case Mix Per Diem Rate Effective Date: **10/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	28.8%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	2.72	2.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.1942	1.3617
Quarterly Medicaid CMI:	1.2912	1.5138
Qrtrly Mcaid CMI w RUG Wght Options:	1.3130	1.5405

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$3,042,069	$1,467,317	$0	$342,930	$203,077	$203,189	$535,778	$19,237	$270,541	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	$46,074	($1,163)	$0	($54)	($425)	$0	$1,957		$25,877	$19,882
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$3,088,143	$1,466,154	$0	$342,876	$202,652	$203,189	$537,735	$19,237	$296,418	$19,882
8	Total Nursing Facility Days As Filed Days = 30,506	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		1.1942								
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, AllOthr = Ln 9		$40.24	$0.00	$11.24	$13.30		$17.63	$0.70	$9.72	$0.65
13	Per Diem Standards (After Statewide CMA for Routine 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 Qtr End		1.3130								
18	Qrtrly 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											
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 Stfng Add-on	$1.20	$1.20								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$20.43	$2.33	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$136.14**	**$62.23**	**$0.00**	**$12.96**	**$15.49**	**$0.00**	**$37.46**	**$0.70**	**$6.65**	**$0.65**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$89.28**									
27	**Minimum Quarterly Case Mix Based Per Diem Rate**		**$147.00**									
28	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 27 - Ln 23) * 0.75	**$97.43**									

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

FINAL

Provider: **Taylor County Health Care**
Prvdr ID: **00432924A**
Case Mix Per Diem Rate Effective Date: **10/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20

Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State-wide
Growth Allowance:	N/A	13.37%	Base Period Overall CMI:	1.2388	1.3617
Qtrly BIMS score	43.3%	2.5%	Quarterly Medicaid CMI:	1.5782	1.5138
Nurse Hours per On-Site Day/Quality Incentive:	3.31	3.0%	Qrtrly Mcaid CMI w RUG Wght 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
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special 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, AllOthr = Ln 9		$55.92	$0.00	$14.69	$15.49		$18.05	$2.87	$12.36	$1.53
13	Per Diem Standards (After Statewide CMA for Routine 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 *(FRV)*	$1.53
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$13.92	$7.48	$0.00	$1.96	$2.07	$0.00	$2.41	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$133.43	$63.40	$0.00	$16.65	$17.56	$0.00	$20.46	$2.87	$10.96	$1.53
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6056								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$101.80								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$171.83	$101.80	$0.00	$16.65	$17.56	$0.00	$20.46	$2.87	$10.96	$1.53
	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	$2.55	$2.55								
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								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$24.23	$6.13	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$196.06**	**$107.93**	**$0.00**	**$16.87**	**$17.97**	**$0.00**	**$37.93**	**$2.87**	**$10.96**	**$1.53**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$134.22**									

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

FINAL

Provider: **The Center for Advanced Rehab @ Parkside**
Prvdr ID: **00083102A**
Case Mix Per Diem Rate Effective Date: **10/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	26.1%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	4.07	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2877	1.3617
Quarterly Medicaid CMI:	1.9116	1.5138
Qrtrly Mcaid CMI w RUG Wght Options:	1.9495	1.5405

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*1*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Hosp Based*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$7,400,148	$3,792,296	$0	$907,033	$201,398	$519,375	$774,710	$148,372	$1,056,964	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($746,168)	($451,129)	$0	($511,366)	$42,623	($25,223)	$276,239		($79,976)	$2,664
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$6,653,980	$3,341,167	$0	$395,667	$244,021	$494,152	$1,050,949	$148,372	$976,988	$2,664
8	Total Nursing Facility Days As Filed Days = 34,873	FY12 Audited C/R Days	35,236									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 43,354	FY 18 GL-PL Ins Rpt Days								43,354		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$188.06	$94.82	$0.00	$11.23	$20.95	*(with L&H)*	$29.83	$3.42	$27.73	$0.08
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2877								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$73.64								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$73.64	$0.00	$11.23	$20.95		$29.83	$3.42	$27.73	$0.08
13	Per Diem Standards (After Statewide CMA for Routine 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 *(FRV)*	$0.08
	Quarterly Per Diem Rate Prior to Add-ons											
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								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$235.58	$158.05	$0.00	$12.73	$23.75	$0.00	$23.31	$3.42	$14.24	$0.08
	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 Srvcs)	Ln 19 Col b x Stfng Add-on	$4.74	$4.74								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$24.05	$6.32	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$259.63**	**$164.37**	**$0.00**	**$12.95**	**$24.16**	**$0.00**	**$40.41**	**$3.42**	**$14.24**	**$0.08**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$181.90**									

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

FINAL

Provider: **The Fountainview Ctr for Alzheimer's Disease**
Prvdr ID: **00421429A**
Case Mix Per Diem Rate Effective Date: **10/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	82.2%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	4.14	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2118	1.3617
Quarterly Medicaid CMI:	1.5807	1.5138
Qrtrly Mcaid CMI w RUG Wght Options:	1.6078	1.5405

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$7,419,180	$3,429,531	$0	$928,329	$463,144	$428,868	$1,331,578	$140,055	$697,675	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($115,106)	($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		**1.2118**								
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, AllOthr = Ln 9		$68.89	$0.00	$23.10	$21.89		$30.19	$3.30	$13.00	$4.12
13	Per Diem Standards (After Statewide CMA for Routine 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	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$168.55	$78.10	$0.00	$20.87	$24.82	$0.00	$23.31	$3.30	$14.03	$4.12
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.6078**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$125.57								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$216.02	$125.57	$0.00	$20.87	$24.82	$0.00	$23.31	$3.30	$14.03	$4.12
	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								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$3.77	$3.77								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$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**									

Quarterly Case Mix Per Diem Calculation

				Facility Score	Add-on Percent		Facility Specific	State-wide
Provider: The Lodge			Add-on Data and Percentages			Case Mix Index (CMI) Data		
Prvdr ID: 00142381A			Growth Allowance:	N/A	13.37%	Base Period Overall CMI:	1.4841	1.3617
H/B ?: No	Case Mix Per Diem Rate Effective Date:	10/01/20	BIMS:	42.9%	2.5%	Quarterly Medicaid CMI:	1.6567	1.5138
	MDS & Nurse Hrs Data per Quarter Ending:	06/30/20	Nurse Hours per On-Site Day/Quality Incentive:	4.46	3.0%	Qrtrly Mcaid CMI w RUG 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
			a	b	c	d	e	f	g		h	i
	CASE MIX BASED RATE CALCULATIONS											
	Cost Center Peer Groups per Selected Options			*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Freestanding*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
	Peer Group Standards: Multiplier			*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
	Efficiency Measures (Maximums)			*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								$ 87,427		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								42,182		
	Standard Per Diem (After CMA for Routine Srvcs)	FY 2012 Peer Group Limit		$71.51		$18.41	$23.09		$20.56		$33.65	$0.00
	Allowed @ 95% of Std		$160.54	$67.93		$17.49	$21.94		$19.53		$33.65	$0.00
	Growth Allowance 13.4%		$16.97	$9.08		$2.34	$2.93		$2.61			
	CMA Allowed Per Diem (After Growth Alowance)		$179.58	$77.01		$19.83	$24.87		$22.14	$ 2.07	$33.65	$0.00
	Quarterly Facility Case Mix Index for Medicaid Residents			1.6882							*(FRV Rate)*	
	Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem			$130.01								
	Quarterly Medicaid CMA Allowed Per Diem		$232.58	$130.01		$19.83	$24.87		$22.14	$2.07	$33.65	$0.00
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 2.5% :o Routine Srvs)		$3.25	$3.25								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		$3.90	$3.90								
	Nursing Home Provider Fee		$17.10						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**										

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

FINAL

Provider: **The Oaks - Bethany (Vidalia)**
Prvdr ID: **00140258A**
Case Mix Per Diem Rate Effective Date: **10/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	37.3%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.46	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4603	1.3617
Quarterly Medicaid CMI:	1.4888	1.5138
Qrtrly Mcaid CMI w RUG Wght Options:	1.5138	1.5405

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$8,564,531	$4,722,890	$0	$870,206	$640,113	$554,298	$1,162,143	$404,204	$210,677	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($216,528)	($4,858)	$0	$0	$0	($2,166)	($207,967)		($32,151)	$30,614
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$8,348,003	$4,718,032	$0	$870,206	$640,113	$552,132	$954,176	$404,204	$178,526	$30,614
8	Total Nursing Facility Days As Filed Days = 59,128	FY12 Audited C/R Days	59,128									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 56,582	FY 18 GL-PL Ins Rpt Days								56,582		
9	Net Per Diems prior to Case Mix Adjstmt to Routine 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		1.4603								
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 Ln 12 or Ln 13	$126.51	$54.64	$0.00	$14.72	$20.16		$16.14	$7.14	13.19 *(FRV)*	$0.52
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$14.14	$7.31	$0.00	$1.97	$2.70	$0.00	$2.16	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$140.65	$61.95	$0.00	$16.69	$22.86	$0.00	$18.30	$7.14	$13.19	$0.52
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5138								
18	Qrtrly 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 Stfng Add-on	$2.81	$2.81								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$23.78	$5.68	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$196.26**	**$99.46**	**$0.00**	**$16.91**	**$23.27**	**$0.00**	**$35.77**	**$7.14**	**$13.19**	**$0.52**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$134.37**									

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

FINAL

Provider: **The Oaks at Limestone, LLC**
Prvdr ID: **00141743A**
Case Mix Per Diem Rate Effective Date: **10/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20

Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State-wide
Growth Allowance:	N/A	13.37%	Base Period Overall CMI:	1.5724	1.3617
Qtrly BIMS score	50.0%	5.5%	Quarterly Medicaid CMI:	1.5362	1.5138
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	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special 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 *(FRV)*	$3.52
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$16.72	$8.76	$0.00	$2.12	$3.09	$0.00	$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$169.96	$74.27	$0.00	$17.98	$26.18	$0.00	$23.31	$7.17	$17.53	$3.52
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.5592**								
18	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 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	$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**									

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

FINAL

Provider: **The Oaks at Scenic View**
Prvdr ID: **00178307A**

Case Mix Per Diem Rate Effective Date: 10/1/2020
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	19.1%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	4.07	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.5260	1.3617
Quarterly Medicaid CMI:	1.6365	1.5138
Qrtrly Mcaid CMI w RUG Wght Options:	1.6662	1.5405

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special 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	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5260								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$57.84								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$57.84	$0.00	$13.66	$21.75		$20.97	$7.67	$11.56	$2.24
13	Per Diem Standards (After Statewide CMA for Routine 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	$133.87	$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											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$15.22	$7.73	$0.00	$1.83	$2.91	$0.00	$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$149.09	$65.57	$0.00	$15.49	$24.66	$0.00	$23.31	$7.67	$10.15	$2.24
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6662								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$109.25								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$192.77	$109.25	$0.00	$15.49	$24.66	$0.00	$23.31	$7.67	$10.15	$2.24
	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)	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	$21.54	$3.81	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$214.31**	**$113.06**	**$0.00**	**$15.71**	**$25.07**	**$0.00**	**$40.41**	**$7.67**	**$10.15**	**$2.24**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$147.91**									

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

FINAL

Provider: **The Oaks Nursing Home, Inc.**
Prvdr ID: **00142271A**
Case Mix Per Diem Rate Effective Date: **10/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	46.0%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.83	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2854	1.3617
Quarterly Medicaid CMI:	1.7229	1.5138
Qrtrly Mcaid CMI w RUG Wght Options:	1.7567	1.5405

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special 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)		($39,826)	$39,640
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$2,278,319	$1,147,987	$0	$288,842	$76,640	$244,599	$397,043	$34,342	$49,226	$39,640
8	Total Nursing Facility Days As Filed Days = 18,971	FY12 Audited C/R Days	18,971									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,365	FY 18 GL-PL Ins Rpt Days								21,365		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$119.89	$60.51	$0.00	$15.23	$16.93	*(with L&H)*	$20.93	$1.61	$2.59	$2.09
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		**1.2854**								
11	Routine 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 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	$118.28	$47.08	$0.00	$15.23	$16.93		$20.56	$1.61	14.78 *(FRV)*	$2.09
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$13.34	$6.29	$0.00	$2.04	$2.26	$0.00	$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$131.62	$53.37	$0.00	$17.27	$19.19	$0.00	$23.31	$1.61	$14.78	$2.09
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7567								
18	Qrtrly 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, AllOthr = 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								
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	$26.23	$8.50	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$198.24**	**$102.26**	**$0.00**	**$17.49**	**$19.60**	**$0.00**	**$40.41**	**$1.61**	**$14.78**	**$2.09**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$135.86**									

Quarterly Case Mix Per Diem Calculation

				Facility Score	Add-on Percent		Facility Specific	State-wide
Provider: The Oaks of Athens			Add-on Data and Percentages			Case Mix Index (CMI) Data		
Prvdr ID: 00140126A			Growth Allowance:	N/A	13.37%	Base Period Overall CMI:	1.4177	1.3617
H/B ?: No	Case Mix Per Diem Rate Effective Date:	10/01/20	BIMS:	19.1%	0.0%	Quarterly Medicaid CMI:	1.4992	1.5138
	MDS & Nurse Hrs Data per Quarter Ending:	06/30/20	Nurse Hours per On-Site Day/Quality Incentive:	4.16	3.0%	Qrtrly Mcaid CMI w RUG Wght Options:	1.5266	1.5405

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
	CASE MIX BASED RATE CALCULATIONS											
	Cost Center Peer Groups per Selected Options			*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Freestanding*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
	Peer Group Standards: Multiplier			*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
	Efficiency Measures (Maximums)			*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								$ 356,084		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								48,701		
	Standard Per Diem (After CMA for Routine Srvcs)	FY 2012 Peer Group Limit		$71.51		$18.41	$23.09		$20.56		$30.90	$1.82
	Allowed @ 95% of Std		$159.61	$67.93		$17.49	$21.94		$19.53		$30.90	$1.82
	Growth Allowance 13.4%		$16.97	$9.08		$2.34	$2.93		$2.61			
	CMA Allowed Per Diem (After Growth Alowance)		$183.89	$77.01		$19.83	$24.87		$22.14	$ 7.31	$30.90	$1.82
	Quarterly Facility Case Mix Index for Medicaid Residents			1.5266							*(FRV Rate)*	
	Qrtly 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	$1.82
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 0.0% :o Routine Srvs)		$0.00	$0.00								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		$3.53	$3.53								
	Nursing Home Provider Fee		$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		$20.63									
	Quarterly Case Mix Based Per Diem Rate		**$245.07**	**$121.09**		**$19.83**	**$24.87**		**$39.24**	**$7.31**	**$30.90**	**$1.82**
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	**$170.98**										

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

FINAL

Provider: **The Oaks of Carrollton**
Prvdr ID: **00140181A**

Case Mix Per Diem Rate Effective Date: 10/1/2020
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	21.1%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.99	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.5821	1.3617
Quarterly Medicaid CMI:	1.2308	1.5138
Qrtrly Mcaid CMI w RUG Wght Options:	1.2501	1.5405

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$3,037,555	$1,367,458	$0	$234,636	$223,314	$223,429	$506,430	$101,051	$381,237	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($46,635)	($3,973)	$0	$0	($1,599)	($3,386)	($34,759)		($88,849)	$85,931
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$2,990,920	$1,363,485	$0	$234,636	$221,715	$220,043	$471,671	$101,051	$292,388	$85,931
8	Total Nursing Facility Days As Filed Days = 14,520	FY12 Audited C/R Days	14,520									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 14,492	FY 18 GL-PL Ins Rpt Days								14,492		
9	Net Per Diems prior to Case Mix Adjstmt to Routine 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		**1.5821**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$59.35								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$59.35	$0.00	$16.16	$30.42		$32.48	$6.97	$20.14	$5.92
13	Per Diem Standards (After Statewide CMA for Routine 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	$154.29	$59.35	$0.00	$16.16	$23.09		$20.56	$6.97	22.24 *(FRV)*	$5.92
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$15.94	$7.94	$0.00	$2.16	$3.09	$0.00	$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$170.23	$67.29	$0.00	$18.32	$26.18	$0.00	$23.31	$6.97	$22.24	$5.92
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.2501**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$84.12								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$187.06	$84.12	$0.00	$18.32	$26.18	$0.00	$23.31	$6.97	$22.24	$5.92
	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	$2.52	$2.52								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$21.21	$3.89	$0.00	$0.22	$0.00	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$208.27**	**$88.01**	**$0.00**	**$18.54**	**$26.18**	**$0.00**	**$40.41**	**$6.97**	**$22.24**	**$5.92**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$143.38**									

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

FINAL

Provider: **The Place at Deans Bridge**
Prvdr ID: **00141589A**
Case Mix Per Diem Rate Effective Date: **10/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20

Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State-wide
Growth Allowance:	N/A	13.37%	Base Period Overall CMI:	1.4214	1.3617
Qtrly BIMS score	34.3%	2.5%	Quarterly Medicaid CMI:	1.5182	1.5138
Nurse Hours per On-Site Day/Quality Incentive:	2.99	3.0%	Qrtrly Mcaid CMI w RUG Wght Options:	1.5478	1.5405

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$4,709,219	$2,353,279	$0	$469,452	$245,103	$221,119	$735,262	$200,608	$484,396	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($347,696)	($160,571)	$0	$550	($683)	($618)	($182,099)		($40,182)	$35,907
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$4,361,523	$2,192,708	$0	$470,002	$244,420	$220,501	$553,163	$200,608	$444,214	$35,907
8	Total Nursing Facility Days As Filed Days = 29,016	FY12 Audited C/R Days	29,016									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,415	FY 18 GL-PL Ins Rpt Days								27,415		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$150.72	$75.57	$0.00	$16.20	$16.02	*(with L&H)*	$19.06	$7.32	$15.31	$1.24
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4214								
11	Routine Srvcs Case Mix Adjstd (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	$16.20	$16.02		$19.06	$7.32	$15.31	$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	$122.19	$53.17	$0.00	$16.20	$16.02		$19.06	$7.32	9.18 *(FRV)*	$1.24
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$13.97	$7.11	$0.00	$2.17	$2.14	$0.00	$2.55	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$136.16	$60.28	$0.00	$18.37	$18.16	$0.00	$21.61	$7.32	$9.18	$1.24
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5478								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$93.30								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$169.18	$93.30	$0.00	$18.37	$18.16	$0.00	$21.61	$7.32	$9.18	$1.24
	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 Col b x Stfng Add-on	$2.80	$2.80								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$23.76	$5.66	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$192.94**	**$98.96**	**$0.00**	**$18.59**	**$18.57**	**$0.00**	**$39.08**	**$7.32**	**$9.18**	**$1.24**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$131.88**									

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

FINAL

Provider: **The Place at Martinez**
Prvdr ID: **00142535A**

Case Mix Per Diem Rate Effective Date: 10/1/2020
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	41.7%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	4.95	2.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3341	1.3617
Quarterly Medicaid CMI:	1.3543	1.5138
Qrtrly Mcaid CMI w RUG Wght Options:	1.3755	1.5405

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 qtrs of FY12		1.3341								
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		1.3755								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$98.86								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$176.27	$98.86	$0.00	$19.60	$21.60	$0.00	$17.39	$7.18	$10.09	$1.55
	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	$2.47	$2.47								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$1.98	$1.98								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$23.08	$4.98	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$199.35**	**$103.84**	**$0.00**	**$19.82**	**$22.01**	**$0.00**	**$34.86**	**$7.18**	**$10.09**	**$1.55**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$136.69**									

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

FINAL

Provider: **The Retreat Nursing Home**
Prvdr ID: **00142733A**

Case Mix Per Diem Rate Effective Date: 10/1/2020
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	35.7%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	4.42	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.0648	1.3617
Quarterly Medicaid CMI:	1.0720	1.5138
Qrtrly Mcaid CMI w RUG Wght Options:	1.0822	1.5405

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*1*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Hosp Based*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$3,106,375	$1,495,689	$0	$704,603	$191,701	$259,887	$283,777	$48,494	$122,224	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	$217,869	$27,490	$0	($1,623)	$2,348	$3,679	$189,241		($8,976)	$5,710
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$3,324,244	$1,523,179	$0	$702,980	$194,049	$263,566	$473,018	$48,494	$113,248	$5,710
8	Total Nursing Facility Days As Filed Days = 19,848	FY12 Audited C/R Days	19,848									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,232	FY 18 GL-PL Ins Rpt Days								19,232		
9	Net Per Diems prior to Case Mix Adjstmt to Routine 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 Case Mix Index for All Residents	from 4 qtrs of FY12		**1.0648**								
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	
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)	Ln 14 + Ln 15	$174.32	$81.07	$0.00	$33.05	$26.14	$0.00	$23.31	$2.52	$7.94	$0.29
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.0822**								
18	Qrtrly 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 Slfng Add-on	$2.63	$2.63								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$21.94	$4.82	$0.00	$0.00	$0.02	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$202.92**	**$92.55**	**$0.00**	**$33.05**	**$26.16**	**$0.00**	**$40.41**	**$2.52**	**$7.94**	**$0.29**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$139.37**									

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

FINAL

Provider: **Twin View Health Care**
Prvdr ID: **00040807A**

Case Mix Per Diem Rate Effective Date: **10/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	25.0%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.22	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2987	1.3617
Quarterly Medicaid CMI:	1.4872	1.5138
Qrtrly Mcaid CMI w RUG Wght Options:	1.5134	1.5405

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$3,496,358	$1,767,082	$0	$378,395	$285,702	$188,332	$484,426	$33,172	$359,249	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($129,932)	($91,481)	$0	$990	$563	$2,972	($30,069)		($44,411)	$31,504
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$3,366,426	$1,675,601	$0	$379,385	$286,265	$191,304	$454,357	$33,172	$314,838	$31,504
8	Total Nursing Facility Days As Filed Days = 38,732	FY12 Audited C/R Days	38,732									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 37,192	FY 18 GL-PL Ins Rpt Days								37,192		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$86.95	$43.26	$0.00	$9.80	$12.33	*(with L&H)*	$11.73	$0.89	$8.13	$0.81
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		**1.2987**								
11	Routine 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	$9.80	$12.33		$11.73	$0.89	$8.13	$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	$76.06	$33.31	$0.00	$9.80	$12.33		$11.73	$0.89	7.19 *(FRV)*	$0.81
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$8.98	$4.45	$0.00	$1.31	$1.65	$0.00	$1.57	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$85.04	$37.76	$0.00	$11.11	$13.98	$0.00	$13.30	$0.89	$7.19	$0.81
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.5134**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$57.15								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$104.43	$57.15	$0.00	$11.11	$13.98	$0.00	$13.30	$0.89	$7.19	$0.81
	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	$0.57	$0.57								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng 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	$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**									
27	**Minimum Quarterly Case Mix Based Per Diem Rate**		**$147.00**									
28	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 27 - Ln 23) * 0.75	**$97.43**									

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

FINAL

Provider: **Thomasville Nurs. & Rehab. Ctr.**
Prvdr ID: **00277604A**
Case Mix Per Diem Rate Effective Date: **10/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20

Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State-wide
Growth Allowance:	N/A	13.37%	Base Period Overall CMI:	1.5025	1.3617
Qtrly BIMS score	25.0%	1.0%	Quarterly Medicaid CMI:	1.5268	1.5138
Nurse Hours per On-Site Day/Quality Incentive:	3.19	3.0%	Qrtrly Mcaid CMI w RUG Wght Options:	1.5541	1.5405

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$2,738,554	$1,148,365	$0	$309,188	$177,148	$127,277	$634,398	$10,271	$331,907	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($309,976)	($124,318)	$0	($10,866)	($4,518)	($433)	($205,441)		$25,837	$9,763
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$2,428,578	$1,024,047	$0	$298,322	$172,630	$126,844	$428,957	$10,271	$357,744	$9,763
8	Total Nursing Facility Days As Filed Days = 16,153	FY12 Audited C/R Days	16,153									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,102	FY 18 GL-PL Ins Rpt Days								17,102		
9	Net Per Diems prior to Case Mix Adjstmt to Routine 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	$0.60
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 Diem	Ln 9 / Ln 10		$42.20								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$42.20	$0.00	$18.47	$18.54		$26.56	$0.60	$22.15	$0.60
13	Per Diem Standards (After Statewide CMA for Routine 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	$110.27	$42.20	$0.00	$18.41	$18.54		$20.56	$0.60	9.36 *(FRV)*	$0.60
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$13.33	$5.64	$0.00	$2.46	$2.48	$0.00	$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$123.60	$47.84	$0.00	$20.87	$21.02	$0.00	$23.31	$0.60	$9.36	$0.60
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5541								
18	Qrtrly 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	$0.60
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.94	$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 Stfng Add-on	$2.23	$2.23								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$21.01	$3.50	$0.00	$0.00	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$171.12**	**$77.85**	**$0.00**	**$20.87**	**$21.43**	**$0.00**	**$40.41**	**$0.60**	**$9.36**	**$0.60**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$115.52**									

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

FINAL

Provider: **Thomson Health & Rehab**
Prvdr ID: **00143261A**
Case Mix Per Diem Rate Effective Date: **10/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	58.3%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	4.23	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.1378	1.3617
Quarterly Medicaid CMI:	1.4506	1.5138
Qrtrly Mcaid CMI w RUG Wght Options:	1.4746	1.5405

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special 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
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($73,347)	$1,582	$0	$0	$887	$721	($65,752)		($35,652)	$24,867
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$5,671,402	$2,888,879	$0	$712,802	$414,199	$336,892	$595,091	$99,517	$599,155	$24,867
8	Total Nursing Facility Days As Filed Days = 43,939	FY12 Audited C/R Days	43,939									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 42,165	FY 18 GL-PL Ins Rpt Days								42,165		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$129.17	$65.75	$0.00	$16.22	$17.09	*(with L&H)*	$13.54	$2.36	$13.64	$0.57
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1378								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 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	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$116.00	$57.79	$0.00	$16.22	$17.09		$13.54	$2.36	8.43 *(FRV)*	$0.57
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$13.99	$7.73	$0.00	$2.17	$2.28	$0.00	$1.81	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$129.99	$65.52	$0.00	$18.39	$19.37	$0.00	$15.35	$2.36	$8.43	$0.57
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4746								
18	Qrtrly 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
	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	$5.31	$5.31								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Slfng Add-on	$2.90	$2.90								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$26.84	$8.74	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$187.93**	**$105.36**	**$0.00**	**$18.61**	**$19.78**	**$0.00**	**$32.82**	**$2.36**	**$8.43**	**$0.57**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$128.12**									

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

FINAL

Provider: **Tifton Health and Rehab Center**
Prvdr ID: **00143294A**
Case Mix Per Diem Rate Effective Date: **10/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	34.9%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.22	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4355	1.3617
Quarterly Medicaid CMI:	1.6308	1.5138
Qrtrly Mcaid CMI w RUG Wght Options:	1.6597	1.5405

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special 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 qtrs 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 Ln 13	$109.83	$50.60	$0.00	$13.98	$11.73		$20.56	$0.09	11.90 *(FRV)*	$0.97
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$12.96	$6.77	$0.00	$1.87	$1.57	$0.00	$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$122.79	$57.37	$0.00	$15.85	$13.30	$0.00	$23.31	$0.09	$11.90	$0.97
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6597								
18	Qrtrly 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
	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	$2.38	$2.38								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.86	$2.86								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$23.50	$5.77	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$184.14**	**$100.99**	**$0.00**	**$16.07**	**$13.71**	**$0.00**	**$40.41**	**$0.09**	**$11.90**	**$0.97**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$125.28**									

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

FINAL

Provider: **Tower Road Healthcare**
Prvdr ID: **00083003A**
Case Mix Per Diem Rate Effective Date: **10/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20

Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State-wide
Growth Allowance:	N/A	13.37%	Base Period Overall CMI:	1.4452	1.3617
Qtrly BIMS score	27.9%	1.0%	Quarterly Medicaid CMI:	1.9805	1.5138
Nurse Hours per On-Site Day/Quality Incentive:	3.87	2.0%	Qrtrly Mcaid CMI w RUG 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	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$6,808,435	$3,614,570	$0	$652,801	$289,111	$444,765	$1,459,904	$56,650	$290,634	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($147,207)	($47,672)	$0	($212)	$143	($345)	($99,121)		($54,872)	$54,872
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$6,661,228	$3,566,898	$0	$652,589	$289,254	$444,420	$1,360,783	$56,650	$235,762	$54,872
8	Total Nursing Facility Days As Filed Days = 40,246	FY12 Audited C/R Days	40,246									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,585	FY 18 GL-PL Ins Rpt Days								41,585		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$165.47	$88.63	$0.00	$16.22	$18.23	*(with L&H)*	$33.81	$1.36	$5.86	$1.36
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4452								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$61.33								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$61.33	$0.00	$16.22	$18.23		$33.81	$1.36	$5.86	$1.36
13	Per Diem Standards (After Statewide CMA for Routine 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	$131.71	$61.33	$0.00	$16.22	$18.23		$20.56	$1.36	12.65 *(FRV)*	$1.36
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$15.56	$8.20	$0.00	$2.17	$2.44	$0.00	$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$147.27	$69.53	$0.00	$18.39	$20.67	$0.00	$23.31	$1.36	$12.65	$1.36
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		2.0190								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$140.38								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$218.12	$140.38	$0.00	$18.39	$20.67	$0.00	$23.31	$1.36	$12.65	$1.36
	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	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (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	$22.47	$4.74	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$240.59**	**$145.12**	**$0.00**	**$18.61**	**$21.08**	**$0.00**	**$40.41**	**$1.36**	**$12.65**	**$1.36**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$167.62**									

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

FINAL

Provider: **Townsend Park H & R**
Prvdr ID: **00404995A**
Case Mix Per Diem Rate Effective Date: **10/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20

Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State-wide
Growth Allowance:	N/A	13.37%	Base Period Overall CMI:	1.3657	1.3617
Qtrly BIMS score	36.6%	2.5%	Quarterly Medicaid CMI:	1.3253	1.5138
Nurse Hours per On-Site Day/Quality Incentive:	3.74	3.0%	Qrtrly Mcaid CMI w RUG Wght Options:	1.3450	1.5405

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$4,890,696	$2,276,104	$0	$454,843	$338,849	$263,394	$960,646	$118,231	$478,629	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	$149,130	$167,177	$0	$0	$0	$0	($18,047)		($17,282)	$17,282
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$5,039,826	$2,443,281	$0	$454,843	$338,849	$263,394	$942,599	$118,231	$461,347	$17,282
8	Total Nursing Facility Days As Filed Days = 28,961	FY12 Audited C/R Days	28,961									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,002	FY 18 GL-PL Ins Rpt Days								41,002		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$172.82	$84.36	$0.00	$15.71	$20.79	*(with L&H)*	$32.55	$2.88	$15.93	$0.60
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3657								
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 *(FRV)*	$0.60
	Quarterly Per Diem Rate Prior to Add-ons											
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	$0.60
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$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**	(Ln 25 - Ln 23) * 0.75	**$135.83**									

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

FINAL

Provider: **Traditions Health & Rehab**
Prvdr ID: **00143701A**
Case Mix Per Diem Rate Effective Date: **10/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	45.2%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.61	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2904	1.3617
Quarterly Medicaid CMI:	1.6697	1.5138
Qtrly Mcaid CMI w RUG Wght Options:	1.6982	1.5405

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special 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	$0	$0	($42,835)		($86,651)	$86,651
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$8,223,141	$4,705,640	$0	$841,310	$494,651	$448,988	$881,778	$173,818	$590,305	$86,651
8	Total Nursing Facility Days As Filed Days = 60,007	FY12 Audited C/R Days	60,007									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 61,768	FY 18 GL-PL Ins Rpt Days								61,768		
9	Net Per Diems prior to Case Mix Adjstmt to Routine 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 = Ln 9		$60.77	$0.00	$14.02	$15.73		$14.69	$2.81	$9.84	$1.44
13	Per Diem Standards (After Statewide CMA for Routine 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 *(FRV)*	$1.44
	Quarterly Per Diem Rate Prior to Add-ons											
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	Qrtrly 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, AllOthr = 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**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$144.35**									

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

FINAL

Provider: **Treutlen County Health & Rehab**
Prvdr ID: **00143349A**
Case Mix Per Diem Rate Effective Date: **10/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20

Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State-wide
Growth Allowance:	N/A	13.37%	Base Period Overall CMI:	1.5628	1.3617
Qtrly BIMS score	57.9%	5.5%	Quarterly Medicaid CMI:	1.4242	1.5138
Nurse Hours per On-Site Day/Quality Incentive:	3.98	3.0%	Qrtrly Mcaid CMI w RUG Wght Options:	1.4506	1.5405

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special 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		1.5628								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$49.42								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$49.42	$0.00	$17.57	$18.24		$21.51	$2.70	$9.29	$0.24
13	Per Diem Standards (After Statewide CMA for Routine 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 *(FRV)*	$0.24
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$14.15	$6.61	$0.00	$2.35	$2.44	$0.00	$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$135.34	$56.03	$0.00	$19.92	$20.68	$0.00	$23.31	$2.70	$12.46	$0.24
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4506								
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 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	$25.17	$7.44	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$185.76**	**$88.72**	**$0.00**	**$20.14**	**$21.09**	**$0.00**	**$40.41**	**$2.70**	**$12.46**	**$0.24**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$126.50**									

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

FINAL

Provider: **Twin Fountains Home**
Prvdr ID: **00142843A**
Case Mix Per Diem Rate Effective Date: **10/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20

Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State-wide
Growth Allowance:	N/A	13.37%	Base Period Overall CMI:	1.0956	1.3617
Qtrly BIMS score	54.0%	5.5%	Quarterly Medicaid CMI:	0.9926	1.5138
Nurse Hours per On-Site Day/Quality Incentive:	3.27	3.0%	Qrtrly Mcaid CMI w RUG Wght Options:	1.0052	1.5405

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$7,039,364	$3,497,545	$0	$1,224,428	$269,326	$185,329	$1,486,263	$59,384	$317,089	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($23,978)	$0	$0	$0	$0	$0	($23,978)		($11,036)	$11,036
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$7,015,386	$3,497,545	$0	$1,224,428	$269,326	$185,329	$1,462,285	$59,384	$306,053	$11,036
8	Total Nursing Facility Days As Filed Days = 37,344	FY12 Audited C/R Days	37,344									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,434	FY 18 GL-PL Ins Rpt Days								36,434		
9	Net Per Diems prior to Case Mix Adjstmt to Routine 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								
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 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	$135.11	$71.51	$0.00	$18.41	$12.17		$20.56	$1.63	10.53 *(FRV)*	$0.30
	Quarterly Per Diem Rate Prior to Add-ons											
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 Qtr End		1.0052								
18	Qrtrly 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								
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 - Ln 23) * 0.75	**$119.45**									

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

FINAL

Provider: **Twin Oaks Convalescent Center**
Prvdr ID: **00143393A**
Case Mix Per Diem Rate Effective Date: **10/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	26.2%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	4.79	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2778	1.3617
Quarterly Medicaid CMI:	1.5998	1.5138
Qrtrly Mcaid CMI w RUG Wght Options:	1.6288	1.5405

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*1*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Hosp Based*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$5,128,275	$2,616,768	$0	$793,659	$232,385	$246,571	$618,450	$65,154	$555,288	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($234,366)	($200,812)	$0	$2,544	$17,018	$3,084	($48,561)		($15,041)	$7,402
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$4,893,909	$2,415,956	$0	$796,203	$249,403	$249,655	$569,889	$65,154	$540,247	$7,402
8	Total Nursing Facility Days As Filed Days = 30,138	FY12 Audited C/R Days	30,138									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,367	FY 18 GL-PL Ins Rpt Days								30,367		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$162.38	$80.16	$0.00	$26.42	$16.56	*(with L&H)*	$18.91	$2.15	$17.93	$0.25
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2778								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$62.73								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$62.73	$0.00	$26.42	$16.56		$18.91	$2.15	$17.93	$0.25
13	Per Diem Standards (After Statewide CMA for Routine 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	$145.92	$62.73	$0.00	$26.42	$16.56		$18.91	$2.15	18.90 *(FRV)*	$0.25
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$16.66	$8.39	$0.00	$3.53	$2.21	$0.00	$2.53	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$162.58	$71.12	$0.00	$29.95	$18.77	$0.00	$21.44	$2.15	$18.90	$0.25
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6288								
18	Qrtrly 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-on	$1.16	$1.16								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sffng Add-on	$3.48	$3.48								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$23.27	$5.17	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$230.57**	**$121.01**	**$0.00**	**$30.17**	**$19.18**	**$0.00**	**$38.91**	**$2.15**	**$18.90**	**$0.25**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$160.10**									

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

FINAL

Provider: **Union County Nursing Home**
Prvdr ID: **00143415A**
Case Mix Per Diem Rate Effective Date: **10/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20

Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State-wide
Growth Allowance:	N/A	13.37%	Base Period Overall CMI:	1.1218	1.3617
Qtrly BIMS score	36.2%	2.5%	Quarterly Medicaid CMI:	1.1686	1.5138
Nurse Hours per On-Site Day/Quality Incentive:	3.81	3.0%	Qrtrly Mcaid CMI w RUG Wght Options:	1.1897	1.5405

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*1*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Hosp Based*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special 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)	$0	$113	$3,623	$3,403	($121,620)		($15,843)	$0
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$8,845,828	$4,685,797	$0	$1,274,504	$478,767	$650,048	$1,102,728	$119,878	$534,106	$0
8	Total Nursing Facility Days As Filed Days = 53,965	FY12 Audited C/R Days	53,965									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 52,874	FY 18 GL-PL Ins Rpt Days								52,874		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$163.97	$86.83	$0.00	$23.62	$20.92	*(with L&H)*	$20.43	$2.27	$9.90	$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		**1.1218**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$77.40								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 *(FRV)*	$0.00
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$18.25	$9.56	$0.00	$3.16	$2.80	$0.00	$2.73	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$168.71	$81.07	$0.00	$26.78	$23.72	$0.00	$23.16	$2.27	$11.71	$0.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.1897**								
18	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	$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**									

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

FINAL

Provider: **Westwood (University Extended Care)**
Prvdr ID: **00219359A**
Case Mix Per Diem Rate Effective Date: **10/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20

Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State-wide
Growth Allowance:	N/A	13.37%	Base Period Overall CMI:	1.3761	1.3617
Qtrly BIMS score	42.9%	2.5%	Quarterly Medicaid CMI:	1.4301	1.5138
Nurse Hours per On-Site Day/Quality Incentive:	3.83	3.0%	Qrtrly Mcaid CMI w RUG Wght Options:	1.4537	1.5405

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special 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 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	$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											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$16.35	$9.48	$0.00	$2.17	$2.41	$0.00	$2.29	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$158.74	$80.40	$0.00	$18.42	$20.46	$0.00	$19.44	$3.61	$16.41	$0.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4537								
18	Qrtrly 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, AllOthr = 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 Col b x CPS Add-on	$2.92	$2.92								
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)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$24.97	$6.87	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$220.19**	**$123.75**	**$0.00**	**$18.64**	**$20.87**	**$0.00**	**$36.91**	**$3.61**	**$16.41**	**$0.00**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$152.32**									

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

FINAL

Provider: **University Nursing and Rehab Center**
Prvdr ID: **00140533A**

Case Mix Per Diem Rate Effective Date: **10/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	23.3%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.52	2.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4327	1.4014
Quarterly Medicaid CMI:	1.5003	1.5138
Qrtrly Mcaid CMI w RUG Wght Options:	1.5274	1.5405

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY 14 C/R - FY 18 GL-PL Rpt	$3,429,093	$1,878,812	$0	$254,029	$134,931	$141,835	$678,738	$10,987	$329,761	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY14 C/R Audit Adjstmts	($51,535)	($11,061)	$0	$0	$723	$4,137	($47,018)		($12,931)	$14,615
7	Cost Center Costs After Audit Adjustments	FY14 Audited C/R	$3,377,558	$1,867,751	$0	$254,029	$135,654	$145,972	$631,720	$10,987	$316,830	$14,615
8	Total Nursing Facility Days As Filed Days = 16,905	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		1.4327								
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											
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 Medicaid Residents	per Current Qtr End		1.5274								
18	Qrtrly 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, AllOthr = 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 Stfng Add-on	$2.54	$2.54								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$21.54	$3.81	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$220.28**	**$130.75**	**$0.00**	**$17.26**	**$19.30**	**$0.00**	**$44.33**	**$0.33**	**$7.45**	**$0.86**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$152.39**									

Quarterly Case Mix Per Diem Calculation

				Facility Score	Add-on Percent		Facility Specific	State-wide
Provider: Vista Park Health and Rehab			Add-on Data and Percentages			Case Mix Index (CMI) Data		
Prvdr ID: 00142931A			Growth Allowance:	N/A	13.37%	Base Period Overall CMI:	1.4571	1.3617
H/B ?: No	Case Mix Per Diem Rate Effective Date:	10/01/20	BIMS:	42.9%	2.5%	Quarterly Medicaid CMI:	1.5596	1.5138
	MDS & Nurse Hrs Data per Quarter Ending:	06/30/20	Nurse Hours per On-Site Day/Quality Incentive:	3.96	2.0%	Qrtrly Mcaid CMI w RUG Wght Options:	1.5863	1.5405

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
	CASE MIX BASED RATE CALCULATIONS											
	Cost Center Peer Groups per Selected Options			*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Freestanding*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
	Peer Group Standards: Multiplier			*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
	Efficiency Measures (Maximums)			*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								$ 159,341		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								43,250		
	Standard Per Diem (After CMA for Routine Srvcs)	FY 2012 Peer Group Limit		$71.51		$18.41	$23.09		$20.56		$21.77	$0.42
	Allowed @ 95% of Std		$149.08	$67.93		$17.49	$21.94		$19.53		$21.77	$0.42
	Growth Allowance 13.4%		$16.97	$9.08		$2.34	$2.93		$2.61			
	CMA Allowed Per Diem (After Growth Alowance)		$169.73	$77.01		$19.83	$24.87		$22.14	$ 3.68	$21.77	$0.42
	Quarterly Facility Case Mix Index for Medicaid Residents			1.5863							*(FRV Rate)*	
	Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem			$122.16								
	Quarterly Medicaid CMA Allowed Per Diem		$214.88	$122.16		$19.83	$24.87		$22.14	$3.68	$21.77	$0.42
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 2.5% :o Routine Srvs)		$3.05	$3.05								
	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%		$2.44	$2.44								
	Nursing Home Provider Fee		$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		$22.60									
	Quarterly Case Mix Based Per Diem Rate		**$237.47**	**$127.66**		**$19.83**	**$24.87**		**$39.24**	**$3.68**	**$21.77**	**$0.42**
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	**$165.28**										

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

FINAL

Provider: **Warm Springs Med. Ctr. NH**
Prvdr ID: **00141952A**
Case Mix Per Diem Rate Effective Date: **10/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20

Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State-wide
Growth Allowance:	N/A	13.37%	Base Period Overall CMI:	1.1001	1.3617
Qtrly BIMS score	37.1%	2.5%	Quarterly Medicaid CMI:	1.0507	1.5138
Nurse Hours per On-Site Day/Quality Incentive:	3.68	3.0%	Qrtrly Mcaid CMI w RUG Wght Options:	1.0654	1.5405

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*1*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Hosp Based*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special 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		**1.1001**								
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, AllOthr = Ln 9		$56.49	$0.00	$20.58	$25.93		$18.72	$0.97	$10.84	$0.00
13	Per Diem Standards (After Statewide CMA for Routine 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 *(FRV)*	$0.00
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$15.89	$7.55	$0.00	$2.75	$3.09	$0.00	$2.50	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$146.00	$64.04	$0.00	$23.33	$26.18	$0.00	$21.22	$0.97	$10.26	$0.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.0654**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$68.23								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$150.19	$68.23	$0.00	$23.33	$26.18	$0.00	$21.22	$0.97	$10.26	$0.00
	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	$1.71	$1.71								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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**									

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

FINAL

Provider: **Warner Robins Rehab & Nursing Center**
Prvdr ID: **00141303A**

Case Mix Per Diem Rate Effective Date: **10/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	23.5%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	2.88	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.5459	1.3617
Quarterly Medicaid CMI:	1.4820	1.5138
Qrtrly Mcaid CMI w RUG Wght Options:	1.5078	1.5405

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$6,541,365	$3,069,052	$0	$662,018	$347,953	$450,378	$1,243,288	$132,171	$636,505	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit 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	Ln 7 / Ln 8 Col a	$147.59	$69.87	$0.00	$15.32	$18.56	*(with L&H)*	$25.72	$3.33	$13.36	$1.43
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		**1.5459**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$45.20								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$45.20	$0.00	$15.32	$18.56		$25.72	$3.33	$13.36	$1.43
13	Per Diem Standards (After Statewide CMA for Routine 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	$112.68	$45.20	$0.00	$15.32	$18.56		$20.56	$3.33	8.28 *(FRV)*	$1.43
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$13.32	$6.04	$0.00	$2.05	$2.48	$0.00	$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$126.00	$51.24	$0.00	$17.37	$21.04	$0.00	$23.31	$3.33	$8.28	$1.43
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.5078**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$77.26								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$152.02	$77.26	$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 ([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	$0.77	$0.77								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (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	$21.35	$3.62	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$173.37**	**$80.88**	**$0.00**	**$17.59**	**$21.45**	**$0.00**	**$40.41**	**$3.33**	**$8.28**	**$1.43**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$117.20**									

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

FINAL

Provider: **Warrenton Health and Rehabilitation Center**
Prvdr ID: **00142645A**

Case Mix Per Diem Rate Effective Date: **10/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	33.3%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.05	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3956	1.3617
Quarterly Medicaid CMI:	1.5111	1.5138
Qrtrly Mcaid CMI w RUG Wght Options:	1.5405	1.5405

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special 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 Filed Days = 25,255	FY 18 GL-PL Ins Rpt Days								25,255		
9	Net Per Diems prior 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 Case Mix Index 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											
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 Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$131.17	$61.07	$0.00	$17.02	$23.15	$0.00	$20.23	$0.58	$7.95	$1.17
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5405								
18	Qrtrly 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 Stfng Add-on	$2.82	$2.82								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$23.80	$5.70	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$187.98**	**$99.78**	**$0.00**	**$17.24**	**$23.56**	**$0.00**	**$37.70**	**$0.58**	**$7.95**	**$1.17**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$128.16**									

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

FINAL

Provider: **Washington County ECF**
Prvdr ID: **00143481A**

Case Mix Per Diem Rate Effective Date: **10/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20

Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State-wide
Growth Allowance:	N/A	13.37%	Base Period Overall CMI:	1.2193	1.3617
Qtrly BIMS score	34.7%	2.5%	Quarterly Medicaid CMI:	1.1240	1.5138
Nurse Hours per On-Site Day/Quality Incentive:	4.25	3.0%	Qrtrly Mcaid CMI w RUG Wght Options:	1.1413	1.5405

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*1*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Hosp Based*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special 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 Case Mix Index for All Residents	from 4 qtrs of FY12		1.2193								
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
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$17.98	$8.73	$0.00	$3.41	$3.09	$0.00	$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$163.66	$74.00	$0.00	$28.88	$26.18	$0.00	$23.31	$1.17	$9.87	$0.25
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1413								
18	Qrtrly 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, AllOthr = 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 Stfng Add-on	$2.53	$2.53								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$22.49	$5.17	$0.00	$0.22	$0.00	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$196.61**	**$89.63**	**$0.00**	**$29.10**	**$26.18**	**$0.00**	**$40.41**	**$1.17**	**$9.87**	**$0.25**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$134.63**									

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

FINAL

Provider: **Waycross Health & Rehabilitation Center**
Prvdr ID: **00143459A**

Case Mix Per Diem Rate Effective Date: **10/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	26.9%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.52	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2974	1.3617
Quarterly Medicaid CMI:	1.4804	1.5138
Qrtrly Mcaid CMI w RUG Wght Options:	1.5058	1.5405

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$3,407,600	$1,779,962	$0	$425,533	$188,251	$222,777	$471,187	$88,979	$230,911	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($15,947)	$0	$0	$0	$0	$0	($16,433)		($18,980)	$19,466
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$3,391,653	$1,779,962	$0	$425,533	$188,251	$222,777	$454,754	$88,979	$211,931	$19,466
8	Total Nursing Facility Days As Filed Days = 26,933	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	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2974								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$50.94								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$50.94	$0.00	$15.80	$15.26		$16.88	$3.61	$7.87	$0.72
13	Per Diem Standards (After Statewide CMA for Routine 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	$110.66	$50.94	$0.00	$15.80	$15.26		$16.88	$3.61	7.45 *(FRV)*	$0.72
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Alwnc %	$13.22	$6.81	$0.00	$2.11	$2.04	$0.00	$2.26	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$123.88	$57.75	$0.00	$17.91	$17.30	$0.00	$19.14	$3.61	$7.45	$0.72
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5058								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$86.96								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$153.09	$86.96	$0.00	$17.91	$17.30	$0.00	$19.14	$3.61	$7.45	$0.72
	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	$0.87	$0.87								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.61	$2.61								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$22.11	$4.01	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$175.20**	**$90.97**	**$0.00**	**$18.13**	**$17.71**	**$0.00**	**$36.61**	**$3.61**	**$7.45**	**$0.72**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$118.58**									

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

FINAL

Provider: **WellStar Paulding Nursing Center**
Prvdr ID: **00142359A**

Case Mix Per Diem Rate Effective Date: **10/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	47.4%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	4.22	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.0621	1.3617
Quarterly Medicaid CMI:	1.0142	1.5138
Qrtrly Mcaid CMI w RUG Wght Options:	1.0234	1.5405

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*1*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Hosp Based*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special 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									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 61,473	FY 18 GL-PL Ins Rpt Days								61,473		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$249.45	$102.77	$0.00	$34.35	$27.02	*(with L&H)*	$45.23	$2.88	$37.20	$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		**1.0621**								
11	Routine 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 *(FRV)*	$0.00
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$19.30	$9.56	$0.00	$3.90	$3.09	$0.00	$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$174.92	$81.07	$0.00	$33.05	$26.18	$0.00	$23.31	$2.88	$8.43	$0.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.0234**								
18	Qrtrly 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 ([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 = 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)	Ln 19 Col b x Stfng 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**									

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

FINAL

Provider: **Westbury H & R - Conyers, Inc**
Prvdr ID: **00143503A**

Case Mix Per Diem Rate Effective Date: 10/1/2020
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20

Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State-wide
Growth Allowance:	N/A	13.37%	Base Period Overall CMI:	1.2886	1.3617
Qtrly BIMS score	41.9%	2.5%	Quarterly Medicaid CMI:	1.4099	1.5138
Nurse Hours per On-Site Day/Quality 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
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special 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 Adjstmts	($226,908)	($33,605)	$0	$906	$466	($9,971)	($177,875)		($87,467)	$80,638
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$8,520,296	$4,727,074	$0	$992,105	$602,113	$621,084	$861,430	$143,697	$492,155	$80,638
8	Total Nursing Facility Days As Filed Days = 55,567	FY12 Audited C/R Days	55,567									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 56,920	FY 18 GL-PL Ins Rpt Days								56,920		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$153.26	$85.07	$0.00	$17.85	$22.01	*(with L&H)*	$15.50	$2.52	$8.86	$1.45
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2886								
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 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	$135.25	$66.02	$0.00	$17.85	$22.01		$15.50	$2.52	9.90 *(FRV)*	$1.45
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$16.23	$8.83	$0.00	$2.39	$2.94	$0.00	$2.07	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$151.48	$74.85	$0.00	$20.24	$24.95	$0.00	$17.57	$2.52	$9.90	$1.45
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4370								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$107.56								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$184.19	$107.56	$0.00	$20.24	$24.95	$0.00	$17.57	$2.52	$9.90	$1.45
	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								
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**									

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

FINAL

Provider: **Westbury H & R-McDonough, Inc**
Prvdr ID: **00143525A**

Case Mix Per Diem Rate Effective Date: **10/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	42.3%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.83	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2827	1.3617
Quarterly Medicaid CMI:	1.3593	1.5138
Qrtrly Mcaid CMI w RUG Wght Options:	1.3851	1.5405

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$8,627,469	$4,495,983	$0	$1,108,982	$606,111	$614,641	$965,266	$128,134	$708,352	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($209,225)	$15,136	$0	$1,272	($1,574)	($13,942)	($202,960)		($80,933)	$73,776
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$8,418,244	$4,511,119	$0	$1,110,254	$604,537	$600,699	$762,306	$128,134	$627,419	$73,776
8	Total Nursing Facility Days As Filed Days = 54,323	FY12 Audited C/R Days	54,323									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 52,298	FY 18 GL-PL Ins Rpt Days								52,298		
9	Net Per Diems prior to Case Mix Adjstmt to Routine 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 Case Mix Index for All Residents	from 4 qtrs of FY12		1.2827								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$64.74								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$64.74	$0.00	$20.44	$22.19		$14.03	$2.45	$11.55	$1.36
13	Per Diem Standards (After Statewide CMA for Routine 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	$132.60	$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)	Ln 14 + Ln 15	$148.57	$73.40	$0.00	$20.87	$25.16	$0.00	$15.91	$2.45	$9.42	$1.36
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3851								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$101.67								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$176.84	$101.67	$0.00	$20.87	$25.16	$0.00	$15.91	$2.45	$9.42	$1.36
	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	$2.54	$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								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$24.00	$6.12	$0.00	$0.00	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$200.84**	**$107.79**	**$0.00**	**$20.87**	**$25.57**	**$0.00**	**$33.38**	**$2.45**	**$9.42**	**$1.36**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$137.81**									

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

FINAL

Provider: **Westbury Medical Care Home, Inc.**
Prvdr ID: **00143514A**
Case Mix Per Diem Rate Effective Date: **10/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	48.0%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	4.68	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.1885	1.3617
Quarterly Medicaid CMI:	1.5032	1.5138
Qrtrly Mcaid CMI w RUG Wght Options:	1.5326	1.5405

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$8,695,334	$4,779,936	$0	$1,004,184	$671,257	$515,393	$1,252,659	$142,847	$329,058	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($195,781)	($3,438)	$0	$0	($8,951)	($18,225)	($158,938)		($97,556)	$91,327
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$8,499,553	$4,776,498	$0	$1,004,184	$662,306	$497,168	$1,093,721	$142,847	$231,502	$91,327
8	Total Nursing Facility Days As Filed Days = 68,664	FY12 Audited C/R Days	68,664									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 67,751	FY 18 GL-PL Ins Rpt Days								67,751		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$123.81	$69.56	$0.00	$14.62	$16.89	*(with L&H)*	$15.93	$2.11	$3.37	$1.33
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1885								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$58.53								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 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	$120.20	$58.53	$0.00	$14.62	$16.89		$15.93	$2.11	10.79 *(FRV)*	$1.33
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$14.17	$7.83	$0.00	$1.95	$2.26	$0.00	$2.13	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$134.37	$66.36	$0.00	$16.57	$19.15	$0.00	$18.06	$2.11	$10.79	$1.33
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5326								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$101.70								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$169.71	$101.70	$0.00	$16.57	$19.15	$0.00	$18.06	$2.11	$10.79	$1.33
	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	$5.59	$5.59								
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								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$27.27	$9.17	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$196.98**	**$110.87**	**$0.00**	**$16.79**	**$19.56**	**$0.00**	**$35.53**	**$2.11**	**$10.79**	**$1.33**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$134.91**									

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

FINAL

Provider: **Westminister Commons**
Prvdr ID: **00140082A**

Case Mix Per Diem Rate Effective Date: 10/01/20
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	41.3%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.32	2.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3564	1.3699
Quarterly Medicaid CMI:	1.3707	1.5138
Qrtrly Mcaid CMI w RUG Wght Options:	1.3933	1.5405

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special 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, AllOthr = Ln 9		$58.26	$0.00	$13.78	$20.51		$28.62	$4.30	$18.28	$2.43
13	Per Diem Standards (After Statewide CMA for Routine 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 *(FRV)*	$2.43
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Allwnc %	$15.51	$7.79	$0.00	$1.84	$2.74	$0.00	$3.14	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$146.06	$66.05	$0.00	$15.62	$23.25	$0.00	$26.60	$4.30	$7.81	$2.43
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3933								
18	Qrtrly 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
	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	$2.30	$2.30								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$1.84	$1.84								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$22.40	$4.67	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$194.44**	**$96.70**	**$0.00**	**$15.84**	**$23.66**	**$0.00**	**$43.70**	**$4.30**	**$7.81**	**$2.43**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$133.01**									

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

FINAL

Provider: **Westview Nursing & Rehab Center**
Prvdr ID: **00143536A**

Case Mix Per Diem Rate Effective Date: **10/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	24.2%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.67	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3807	1.3617
Quarterly Medicaid CMI:	1.8806	1.5138
Qrtrly Mcaid CMI w RUG Wght Options:	1.9175	1.5405

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$3,525,367	$1,800,265	$0	$374,449	$236,795	$228,123	$614,543	$83,198	$187,994	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($95,818)	$0	$0	$0	($1,235)	($1,189)	($92,415)		($34,176)	$33,197
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$3,429,549	$1,800,265	$0	$374,449	$235,560	$226,934	$522,128	$83,198	$153,818	$33,197
8	Total Nursing Facility Days As Filed Days = 27,760	FY12 Audited C/R Days	27,760									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,696	FY 18 GL-PL Ins Rpt Days								26,696		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$123.67	$64.85	$0.00	$13.49	$16.66	*(with L&H)*	$18.81	$3.12	$5.54	$1.20
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		**1.3807**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$46.97								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$46.97	$0.00	$13.49	$16.66		$18.81	$3.12	$5.54	$1.20
13	Per Diem Standards (After Statewide CMA for Routine 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	$111.39	$46.97	$0.00	$13.49	$16.66		$18.81	$3.12	11.14 *(FRV)*	$1.20
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$12.82	$6.28	$0.00	$1.80	$2.23	$0.00	$2.51	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$124.21	$53.25	$0.00	$15.29	$18.89	$0.00	$21.32	$3.12	$11.14	$1.20
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.9175**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$102.11								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$173.07	$102.11	$0.00	$15.29	$18.89	$0.00	$21.32	$3.12	$11.14	$1.20
	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	$1.02	$1.02								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$3.06	$3.06								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$22.71	$4.61	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$195.78**	**$106.72**	**$0.00**	**$15.51**	**$19.30**	**$0.00**	**$38.79**	**$3.12**	**$11.14**	**$1.20**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$134.01**									

Quarterly Case Mix Per Diem Rate Calculations

FINAL

Provider: **Westwood Nursing Center**
Prvdr ID: **00370862A**
H/B ?: No

Case Mix Per Diem Rate Effective Date: **10/01/20**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
BIMS	37.8%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.16	2.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3746	1.3617
Quarterly Medicaid CMI:	1.6713	1.5138
Qrtrly Mcaid CMI w RUG Wght Options:	1.6998	1.5405

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
	CASE MIX BASED RATE CALCULATIONS											
	Cost Center Peer Groups per Selected Options			*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Freestanding*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
	Peer Group Standards: Multiplier			*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
	Efficiency Measures (Maximums)			*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
	Net Historical Cost **2010**	FY2010 C/R -FY 2018 GL-PL Rpt		1,136,799		233,063	132,845	149,522	328,763	47,102	316,084	2,412
	Inflation (July 2012) @ 2.06%			23,418		4,801	5,817		6,773			50
	Patient Days	FY 2010 Cost Rpt		19,770		19,770	19,770		19,770		19,770	19,770
	Total Nursing Facility Days GL-PL Ins. Rpt	FY 18 GL-PL Ins Rpt Days								12,944		
	Inflated NHC/ Patient Days			58.69		12.03	14.58		16.97	3.64	15.99	0.12
	Base Period Facility CMI for all Residents			1.3746								
	Routine Services Case Mix Adjusted Net Per Diem			$42.69								
	Net Per Diems After Case Mix Adjustments		$106.03	$42.69		$12.03	$14.58		$16.97	$3.64	$15.99	0.12
	Per Diem Standards			$72.49		$17.69	$23.20		$21.80			
	Base Period Case Mix Adjusted Allowed Per Diem		$99.11	$42.69		$12.03	$14.58		$16.97	$3.64	9.07	0.12
	Quarterly Per Diem Rate Prior to Add-Ons										*(FRV Rate)*	
	Growth Allowance 13.37%		$11.53	$5.71		$1.61	$1.95		$2.27			
	CMA Allowed Per Diem After Growth Allowance		$110.64	$48.40		$13.64	$16.53		$19.24	$3.64	$9.07	$0.12
	Quarterly Facility Case Mix Index for Medicaid Residents			1.6998								
	Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem			$82.27								
	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											
	Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)		$1.53	$0.53		$0.22	$0.41		$0.37			
	BIMS Add-on Per Diem = 2.5% (to Routine 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**										

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

FINAL

Provider: **Wildwood Health Care, Inc.**
Prvdr ID: **00143547A**

Case Mix Per Diem Rate Effective Date: 10/1/2020
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	39.4%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.86	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3013	1.3617
Quarterly Medicaid CMI:	1.5858	1.5138
Qrtrly Mcaid CMI w RUG Wght Options:	1.6155	1.5405

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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	FY 18 GL-PL Ins Rpt Days								15,434		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$134.81	$72.13	$0.00	$18.36	$21.55	*(with L&H)*	$20.10	$0.58	$1.29	$0.80
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		**1.3013**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$55.43								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 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	$126.05	$55.43	$0.00	$18.36	$21.55		$20.10	$0.58	9.23 *(FRV)*	$0.80
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$15.43	$7.41	$0.00	$2.45	$2.88	$0.00	$2.69	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$141.48	$62.84	$0.00	$20.81	$24.43	$0.00	$22.79	$0.58	$9.23	$0.80
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.6155**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$101.52								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$180.16	$101.52	$0.00	$20.81	$24.43	$0.00	$22.79	$0.58	$9.23	$0.80
	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	$0.04	$0.41	$0.00	$0.34		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$2.54	$2.54								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$3.05	$3.05								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$24.01	$6.12	$0.00	$0.04	$0.41	$0.00	$17.44	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$204.17**	**$107.64**	**$0.00**	**$20.85**	**$24.84**	**$0.00**	**$40.23**	**$0.58**	**$9.23**	**$0.80**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$140.30**									

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

FINAL

Provider: **William Breman Jewish Home**
Prvdr ID: **00040752A**

Case Mix Per Diem Rate Effective Date: **10/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	57.6%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	5.52	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.4004	1.3617
Quarterly Medicaid CMI:	1.7055	1.5138
Qrtrly Mcaid CMI w RUG Wght Options:	1.7364	1.5405

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special 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
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($146,775)	$7,250	$0	$0	($5,422)	($4,294)	($137,136)		($44,503)	$37,330
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$9,408,219	$4,626,394	$0	$1,472,041	$624,620	$494,569	$1,477,657	$144,781	$530,827	$37,330
8	Total Nursing Facility Days As Filed Days = 33,439	FY12 Audited C/R Days	33,439									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,595	FY 18 GL-PL Ins Rpt Days								33,595		
9	Net Per Diems prior to Case Mix Adjstmt to Routine 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
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4004								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$98.80								
12	Net Per Diems after Case Mix Adjstmt 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
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	$166.81	$71.51	$0.00	$18.41	$23.09		$20.56	$4.31	27.81 *(FRV)*	$1.12
	Quarterly Per Diem Rate Prior to Add-ons											
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	$184.67	$81.07	$0.00	$20.87	$26.18	$0.00	$23.31	$4.31	$27.81	$1.12
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7364								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$140.77								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$244.37	$140.77	$0.00	$20.87	$26.18	$0.00	$23.31	$4.31	$27.81	$1.12
	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 = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$7.74	$7.74								
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	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$29.06	$11.96	$0.00	$0.00	$0.00	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$273.43**	**$152.73**	**$0.00**	**$20.87**	**$26.18**	**$0.00**	**$40.41**	**$4.31**	**$27.81**	**$1.12**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$192.25**									

Quarterly Case Mix Per Diem Rate Calculations

FINAL

Provider: **Willowwood Nursing Center**
Prvdr ID: **00271829A**
H/B ?: No

Case Mix Per Diem Rate Effective Date: **10/01/20**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
BIMS	46.8%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.09	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.1879	1.3617
Quarterly Medicaid CMI:	1.7382	1.5138
Qrtrly Mcaid CMI w RUG Wght Options:	1.7719	1.5405

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
	CASE MIX BASED RATE CALCULATIONS											
	Cost Center Peer Groups per Selected Options			*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Freestanding*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
	Peer Group Standards: Multiplier			*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
	Efficiency Measures (Maximums)			*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
	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		12,694			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. Rpt	FY 18 GL-PL Ins Rpt Days								31,254		
	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								
	Routine Services Case Mix Adjusted Net Per Diem			$38.34								
	Net Per Diems After Case Mix Adjustments		$94.91	$38.34		$11.80	$13.50		$17.59	$2.52	$10.63	0.53
	Per Diem Standards			$72.49		$17.69	$23.20		$21.80			
	Base Period Case Mix Adjusted Allowed Per Diem		$92.28	$38.34		$11.80	$13.50		$17.59	$2.52	7.99	0.53
	Quarterly Per Diem Rate Prior to Add-Ons										*(FRV Rate)*	
	Growth Allowance 13.37%		$10.86	$5.13		$1.58	$1.81		$2.35			
	CMA Allowed Per Diem After Growth Allowance		$103.13	$43.47		$13.37	$15.31		$19.94	$2.52	$7.99	$0.53
	Quarterly Facility Case Mix Index for Medicaid Residents			1.7719								
	Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem			$77.02								
	Quarterly Medicaid CMA Allowed Per Diem		$136.69	$77.02		$13.37	$15.31		$19.94	$2.52	$7.99	$0.53
	Quarterly Per Diem Add-On Amounts											
	Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)		$1.53	$0.53		$0.22	$0.41		$0.37			
	BIMS Add-on Per Diem = 5.5% (to Routine 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			
	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**										

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

FINAL

Provider: **Windemere Health & Rehab**
Prvdr ID: **00241678A**

Case Mix Per Diem Rate Effective Date: **10/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	44.1%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.78	2.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.5761	1.3617
Quarterly Medicaid CMI:	1.6739	1.5138
Qrtrly Mcaid CMI w RUG Wght Options:	1.7047	1.5405

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$5,691,497	$3,243,931	$0	$613,683	$206,128	$279,704	$1,067,395	$3,884	$276,772	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($66,491)	$0	$0	$0	($7,368)	($11,990)	($39,137)		($58,352)	$50,356
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$5,625,006	$3,243,931	$0	$613,683	$198,760	$267,714	$1,028,258	$3,884	$218,420	$50,356
8	Total Nursing Facility Days As Filed Days = 40,515	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		**1.5761**								
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 *(FRV)*	$1.24
	Quarterly Per Diem Rate Prior to Add-ons											
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		**1.7047**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$98.17								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$162.37	$98.17	$0.00	$17.18	$13.05	$0.00	$23.31	$0.10	$9.32	$1.24
	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 Srvcs)	Ln 19 Col b x Slfng Add-on	$1.96	$1.96								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$22.67	$4.94	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**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**									

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

FINAL

Provider: **Winder Nursing, Inc.**
Prvdr ID: **00142854A**

Case Mix Per Diem Rate Effective Date: **10/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	27.6%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.21	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.3615	1.3617
Quarterly Medicaid CMI:	1.5801	1.5138
Qrtrly Mcaid CMI w RUG Wght Options:	1.6082	1.5405

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special 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	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($86,521)	($32,627)	$0	$0	$886	$1,384	($57,483)		($18,805)	$20,124
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$7,385,025	$4,026,103	$0	$827,505	$350,584	$547,163	$974,097	$118,089	$521,360	$20,124
8	Total Nursing Facility Days As Filed Days = 53,832	FY12 Audited C/R Days	53,832									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 46,878	FY 18 GL-PL Ins Rpt Days								46,878		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$137.51	$74.79	$0.00	$15.37	$16.68	*(with L&H)*	$18.10	$2.52	$9.68	$0.37
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		**1.3615**								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$54.93								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$54.93	$0.00	$15.37	$16.68		$18.10	$2.52	$9.68	$0.37
13	Per Diem Standards (After Statewide CMA for Routine 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	$119.13	$54.93	$0.00	$15.37	$16.68		$18.10	$2.52	11.16 *(FRV)*	$0.37
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$14.04	$7.34	$0.00	$2.05	$2.23	$0.00	$2.42	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$133.17	$62.27	$0.00	$17.42	$18.91	$0.00	$20.52	$2.52	$11.16	$0.37
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		**1.6082**								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$100.14								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$171.04	$100.14	$0.00	$17.42	$18.91	$0.00	$20.52	$2.52	$11.16	$0.37
	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	$1.00	$1.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$3.00	$3.00								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$22.63	$4.53	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$193.67**	**$104.67**	**$0.00**	**$17.64**	**$19.32**	**$0.00**	**$37.99**	**$2.52**	**$11.16**	**$0.37**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$132.43**									

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

FINAL

Provider: **Winthrop Manor Nursing Center**
Prvdr ID: **00143118A**

Case Mix Per Diem Rate Effective Date: **10/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20

Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State-wide
Growth Allowance:	N/A	13.37%	Base Period Overall CMI:	1.3379	1.3617
Qtrly BIMS score	27.9%	1.0%	Quarterly Medicaid CMI:	1.4508	1.5138
Nurse Hours per On-Site Day/Quality Incentive:	3.52	3.0%	Qrtrly Mcaid CMI w RUG Wght Options:	1.4760	1.5405

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$5,202,364	$2,864,962	$0	$524,768	$373,839	$279,989	$656,993	$95,369	$406,444	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($24,426)	$0	$0	$0	$227	$0	($24,653)		($33,959)	$33,959
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$5,177,938	$2,864,962	$0	$524,768	$374,066	$279,989	$632,340	$95,369	$372,485	$33,959
8	Total Nursing Facility Days As Filed Days = 35,374	FY12 Audited C/R Days	35,374									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,215	FY 18 GL-PL Ins Rpt Days								33,215		
9	Net Per Diems prior to Case Mix Adjstmt to Routine 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 *(FRV)*	$0.96
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$14.93	$8.09	$0.00	$1.98	$2.47	$0.00	$2.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$140.75	$68.62	$0.00	$16.81	$20.96	$0.00	$20.27	$2.87	$10.26	$0.96
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4760								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$101.28								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$173.41	$101.28	$0.00	$16.81	$20.96	$0.00	$20.27	$2.87	$10.26	$0.96
	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 Stfng Add-on	$3.04	$3.04								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$22.68	$4.58	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$196.09**	**$105.86**	**$0.00**	**$17.03**	**$21.37**	**$0.00**	**$37.74**	**$2.87**	**$10.26**	**$0.96**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$134.24**									

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

FINAL

Provider: **Wood Dale Health Care Center**
Prvdr ID: **00143591A**

Case Mix Per Diem Rate Effective Date: **10/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	41.9%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	2.50	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2524	1.3617
Quarterly Medicaid CMI:	1.2245	1.5138
Qrtrly Mcaid CMI w RUG Wght Options:	1.2426	1.5405

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$4,219,033	$2,417,583	$0	$472,033	$287,471	$253,518	$474,971	$8,205	$305,252	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($17,067)	$0	$0	($1,703)	$0	$0	($17,067)		($683)	$2,386
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$4,201,966	$2,417,583	$0	$470,330	$287,471	$253,518	$457,904	$8,205	$304,569	$2,386
8	Total Nursing Facility Days As Filed Days = 29,208	FY12 Audited C/R Days	29,208									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,114	FY 18 GL-PL Ins Rpt Days								29,114		
9	Net Per Diems prior to Case Mix Adjstmt to Routine 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								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$66.09								
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 Ln 13	$126.39	$66.09	$0.00	$16.10	$18.52		$15.68	$0.28	9.64 *(FRV)*	$0.08
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$15.57	$8.84	$0.00	$2.15	$2.48	$0.00	$2.10	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$141.96	$74.93	$0.00	$18.25	$21.00	$0.00	$17.78	$0.28	$9.64	$0.08
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2426								
18	Qrtrly 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 - Alwd] x .75, up to max, or 0)	(see 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 Stfng Add-on	$2.79	$2.79								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$23.75	$5.65	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$183.89**	**$98.76**	**$0.00**	**$18.47**	**$21.41**	**$0.00**	**$35.25**	**$0.28**	**$9.64**	**$0.08**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$125.09**									

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

FINAL

Provider: **Woodlands Health & Rehab Ctr.**
Prvdr ID: **00141985A**
Case Mix Per Diem Rate Effective Date: **10/1/2020**
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	34.0%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.22	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.1917	1.3617
Quarterly Medicaid CMI:	1.1025	1.5138
Qrtrly Mcaid CMI w RUG Wght Options:	1.1193	1.5405

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	$2,762,052	$1,272,623	$0	$311,916	$156,979	$216,758	$457,187	$22,007	$324,582	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	($84,945)	$0	$0	$0	($419)	$3,085	($86,820)		($29,248)	$28,457
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$2,677,107	$1,272,623	$0	$311,916	$156,560	$219,843	$370,367	$22,007	$295,334	$28,457
8	Total Nursing Facility Days As Filed Days = 22,087	FY12 Audited C/R Days	22,087									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,847	FY 18 GL-PL Ins Rpt Days								41,847		
9	Net Per Diems prior to Case Mix Adjstmt to Routine 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 qtrs of FY12		1.1917								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 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	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$116.12	$54.81	$0.00	$16.01	$19.32	$0.00	$19.01	$0.53	$5.15	$1.29
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1193								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		$61.35								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$122.66	$61.35	$0.00	$16.01	$19.32	$0.00	$19.01	$0.53	$5.15	$1.29
	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	$1.53	$1.53								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$1.84	$1.84								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$22.00	$3.90	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$144.66**	**$65.25**	**$0.00**	**$16.23**	**$19.73**	**$0.00**	**$36.48**	**$0.53**	**$5.15**	**$1.29**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$95.67**									
27	**Minimum Quarterly Case Mix Based Per Diem Rate**		**$147.00**									
28	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 27 - Ln 23) * 0.75	**$97.43**									

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

FINAL

Provider: **Woodstock Nursing and Rehab Center**
Prvdr ID: **00171212A**

		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State-wide
		Growth Allowance:	N/A	13.37%	Base Period Overall CMI:	1.5030	1.4014
Case Mix Per Diem Rate Effective Date:	10/1/2020	Qtrly BIMS score	38.5%	2.5%	Quarterly Medicaid CMI:	1.7897	1.5138
MDS & Nurse Hrs Data per Quarter Ending:	06/30/20	Nurse Hours per On-Site Day/Quality Incentive:	3.70	2.0%	Qrtrly Mcaid CMI w RUG Wght Options:	1.8224	1.5405

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
	CASE MIX BASED RATE CALCULATIONS											
1	*Cost Center Peer Groups*	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special 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)	($7,343)	$0	$0	$6,537	$8,304	($67,698)		($358)	$18,837
7	Cost Center Costs After Audit Adjustments	FY14 Audited C/R	$4,618,723	$2,447,180	$0	$361,256	$178,969	$218,524	$703,890	$202,899	$487,168	$18,837
8	Total Nursing Facility Days As Filed Days = 22,894	FY14 Audited C/R Days	22,894									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 44,670	FY 18 GL-PL Ins Rpt Days								44,670		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$197.42	$106.89	$0.00	$15.78	$17.36	*(with L&H)*	$30.75	$4.54	$21.28	$0.82
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.5030								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		$71.12								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$71.12	$0.00	$15.78	$17.36		$30.75	$4.54	$21.28	$0.82
13	Per Diem Standards (After Statewide CMA for Routine 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	$142.54	$71.12	$0.00	$15.78	$17.36		$24.02	$4.54	8.90 *(FRV)*	$0.82
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Allwnc %	$17.15	$9.51	$0.00	$2.11	$2.32	$0.00	$3.21	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$159.69	$80.63	$0.00	$17.89	$19.68	$0.00	$27.23	$4.54	$8.90	$0.82
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8224								
18	Qrtrly 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 Diem Add-on Amounts	Sum of Lns 20 thru 23	$24.87	$7.14	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$250.87**	**$154.08**	**$0.00**	**$18.11**	**$20.09**	**$0.00**	**$44.33**	**$4.54**	**$8.90**	**$0.82**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$175.33**									

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

FINAL

Provider: **Wrightsville Manor**
Prvdr ID: **00143602A**

Case Mix Per Diem Rate Effective Date: 10/1/2020
MDS & Nurse Hrs Data per Quarter Ending: 06/30/20

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	13.37%
Qtrly BIMS score	39.7%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.52	3.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall CMI:	1.2201	1.3617
Quarterly Medicaid CMI:	1.6756	1.5138
Qrtrly Mcaid CMI w RUG Wght Options:	1.7078	1.5405

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
2	*Peer Group Standards: Percentile*	(see Policy Manual)		*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
3	*Peer Group Standards: Multiplier*	(see Policy Manual)		*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
4	*Efficiency Measure Maximums (see line 20 for actual)*	(see Policy Manual)		*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special 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)	$26,145
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	$4,048,805	$2,168,346	$0	$499,164	$248,106	$236,149	$376,201	$122,740	$371,954	$26,145
8	Total Nursing Facility Days As Filed Days = 33,384	FY12 Audited C/R Days	33,384									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,758	FY 18 GL-PL Ins Rpt Days								32,758		
9	Net Per Diems prior to Case Mix Adjstmt to Routine 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	$0.78
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2201								
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	$0.78
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	$108.50	$53.23	$0.00	$14.95	$14.51		$11.27	$3.75	10.01 *(FRV)*	$0.78
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	$12.57	$7.12	$0.00	$2.00	$1.94	$0.00	$1.51	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$121.07	$60.35	$0.00	$16.95	$16.45	$0.00	$12.78	$3.75	$10.01	$0.78
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7078								
18	Qrtrly 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 - 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	$2.58	$2.58								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$3.09	$3.09								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$24.30	$6.20	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly Case Mix Based Per Diem Rate**	Ln 19 + Ln 24	**$188.09**	**$109.27**	**$0.00**	**$17.17**	**$16.86**	**$0.00**	**$30.25**	**$3.75**	**$10.01**	**$0.78**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$128.24**									

Quarterly Case Mix Per Diem Calculation

Provider: Wynfield Park Health & Rehab		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data		Facility Specific	State-wide
Prvdr ID: 00141512A		Growth Allowance:	N/A	13.37%	Base Period Overall CMI:		1.2181	1.3617
H/B ?: No	Case Mix Per Diem Rate Effective Date: 10/01/20	BIMS:	31.4%	2.5%	Quarterly Medicaid CMI:		1.4149	1.5138
	MDS & Nurse Hrs Data per Quarter Ending: 06/30/20	Nurse Hours per On-Site Day/Quality Incentive:	3.81	2.0%	Qrtrly Mcaid CMI w RUG 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
			a	b	c	d	e	f	g		h	i
	CASE MIX BASED RATE CALCULATIONS											
	Cost Center Peer Groups per Selected Options			*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Freestanding*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
	Peer Group Standards: Multiplier			*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
	Efficiency Measures (Maximums)			*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								$ 176,326		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								63,305		
	Standard Per Diem (After CMA for Routine Srvcs)	FY 2012 Peer Group Limit		$71.51		$18.41	$23.09		$20.56		$25.63	$1.23
	Allowed @ 95% of Std		$153.75	$67.93		$17.49	$21.94		$19.53		$25.63	$1.23
	Growth Allowance 13.4%		$16.97	$9.08		$2.34	$2.93		$2.61			
	CMA Allowed Per Diem (After Growth Alowance)		$173.51	$77.01		$19.83	$24.87		$22.14	$ 2.79	$25.63	$1.23
	Quarterly Facility Case Mix Index for Medicaid Residents			1.4367							*(FRV Rate)*	
	Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem			$110.64								
	Quarterly Medicaid CMA Allowed Per Diem		$207.14	$110.64		$19.83	$24.87		$22.14	$2.79	$25.63	$1.23
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 2.5% :o Routine Srvs)		$2.77	$2.77								
	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%		$2.21	$2.21								
	Nursing Home Provider Fee		$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		$22.08									
	Quarterly Case Mix Based Per Diem Rate		$229.22	$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										

Quarterly Case Mix Per Diem Calculation

				Facility Score	Add-on Percent		Facility Specific	State-wide
Provider: Zebulon Park Health & Rehab			Add-on Data and Percentages			Case Mix Index (CMI) Data		
Prvdr ID: 003125041B			Growth Allowance:	N/A	13.37%	Base Period Overall CMI:	Use Stwd	1.3617
H/B ?: No	Case Mix Per Diem Rate Effective Date:	10/01/20	BIMS:	26.5%	1.0%	Quarterly Medicaid CMI:	1.3199	1.5138
	MDS & Nurse Hrs Data per Quarter Ending:	06/30/20	Nurse Hours per On-Site Day/Quality Incentive:	3.47	3.0%	Qrtrly Mcaid CMI w RUG Wght Options:	1.3419	1.5405

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
	CASE MIX BASED RATE CALCULATIONS											
	Cost Center Peer Groups per Selected Options			*1*	*1*	*2*	*1*	*1*	*1*			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Freestanding*	*All Facilities*	*All Facilities*	*All Facilities*			
	Bed Size Range within Peer Group			*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*	*All Bed Sizes*			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			*90.0%*	*90.0%*	*90.0%*	*85.0%*		*50.0%*			
	Peer Group Standards: Multiplier			*100.0%*	*100.0%*	*100.0%*	*100.0%*		*105.0%*			
	Efficiency Measures (Maximums)			*$0.53*	*$0.00*	*$0.22*	*$0.41*		*$0.37*			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								$ 63,806		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								21,332		
	Standard Per Diem (After CMA for Routine Srvcs)	FY 2012 Peer Group Limit		$71.51		$18.41	$23.09		$20.56		$36.35	$5.28
	Allowed @ 95% of Std		$168.52	$67.93		$17.49	$21.94		$19.53		$36.35	$5.28
	Growth Allowance 13.4%		$16.97	$9.08		$2.34	$2.93		$2.61			
	CMA Allowed Per Diem (After Growth Alowance)		$188.48	$77.01		$19.83	$24.87		$22.14	$ 2.99	$36.35	$5.28
	Quarterly Facility Case Mix Index for Medicaid Residents			1.3419							*(FRV Rate)*	
	Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem			$103.34								
	Quarterly Medicaid CMA Allowed Per Diem		$214.81	$103.34		$19.83	$24.87		$22.14	$2.99	$36.35	$5.28
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 1.0% :o Routine Srvs)		$1.03	$1.03								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		$3.10	$3.10								
	Nursing Home Provider Fee		$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		$21.23									
	Quarterly Case Mix Based Per Diem Rate		$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										